Informed opinion and active co-operation on the part of the public are of the utmost importance in the improvement of the health of the people (WHO, Basic Documents, 47th Edition, 2009)

World Health Day 2013 (3April)
Posters of the No Tobacco Day 2013 (31 May)

The UN City Campus in Copenhagen

The “Harry Potter staircase”

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## EDITORIAL

By the time you receive this magazine, the World Health Day will have taken place three months ago. However, its theme remains key. Controlling your blood pressure is of primordial importance and keeping it at the right level will prevent vascular, cardiac and cerebral problems. We have already highlighted this issue in QNT 84 but it is useful to repeat it (page 4 gives a summary of the World Health Day event).

Our General Assembly will take place this year. It will be held on 8 October in room C at WHO headquarters, Geneva. You will receive an invitation to attend in due course. Any suggestions on topics for discussion are welcome.

Your Committee continues to work in the interests of all retirees, especially in the areas of health insurance, pensions etc. However, we are looking for new talent for our next Committee, especially from new, motivated retirees. We need to renew and develop our Committee to move ahead in the future.

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**DC**

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We pay special tribute to the Printing, Distribution and Mailing Services.

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The opinions expressed in this magazine are those of the authors and not necessarily those of the Editorial Board.

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Send your contributions to:

David Cohen: dacohen@sunrise.ch

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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: unispf.qva@unispf.org for Geneva
Or +1 212 963 6931 and unispf@un.org for New York
AFSM office covered on Tuesday and Wednesday From 9:30 to 12:00
Otherwise, please leave a message: someone will call back.
Our health

My doctors and WHO tell me to get walking!

I don’t jog any more, I stopped skiing to avoid being hit on the slopes by zealous youngsters, and tennis left me behind several years ago. However, I play golf leisurely, 9 holes rather than 18. That leaves swimming (preferably in warm water) and especially a daily walk, strongly recommended by my numerous doctors.

WHO recommends to those in good health who are over 65 years of age, to spend at least 150 minutes – i.e. 2 and a half hours per week - on moderate-intensity physical activity – this seems to include walking, so at least half an hour’s walk each day during five days of the week is a good starting point.

So what is the aim? Regular physical exercise should improve cardiorespiratory and muscular fitness, bone and functional health. Such exercise includes moving about (walking or cycling), possible occupational activities, household chores (chaps – get sweeping with your brooms), gardening, dancing and recreational activity including sport.

There are other benefits such as avoiding weight gain, maintaining your muscular strength and balance, reducing the risk of falls and fractures and the risk of noncommunicable diseases. Walking at your own pace does not tire your joints and improves your cardiovascular rhythm and breathing capacity.

In addition to a daily walk, there is other well-known concrete advice:

- Take the stairs and not the lift
- Do your errands on foot and not by car
- Get off the bus or underground one station before your stop and finish the journey on foot.

To convince you and those close to you (if you are not already convinced) let’s add the free psychological benefits of walking: get your feet on the ground and your ideas sorted out, put the small or large problems of life in their place, re-establish the balance of your body and mind, calm your emotions, lower your stress level, rediscover the pleasure of life in the open air, and fight against depression. Some American therapists take their patients for a 40 minute walk around Central Park in New York (Walk and Talk Therapy).

According to the psychiatrist Boris Cyrulnik, “Action, assignment and mentalization (the process by which our emotions are transformed into thoughts) are the naturally prescribed tranquilizers during a walk”.

Yves Beigbeder

Sources : http://www.who.int/dietphysicalactivity/factsheet_olderadults/en/index.html
Le Figaro, 10 June 2013, « Marcher pour changer son mental » (Walk to change your state of mind), Pascale Senl.

World Health Day

This year, World Health Day was celebrated on 3 April, focusing on the theme of hypertension. A round-table discussion was held in the Executive Board Room. Many delegations and staff attended, together with some AFSM members who live locally, to hear four speakers from the International Telecommunications Union, Geneva Caritas Internationals, University College Dublin and the University of Oxford Centre for Evidence-Based Medicine talk about m-health (the use of mobile telephones to convey health messages), the importance of self-awareness and self-care, the need for accurate devices to measure blood pressure and the concerns for the next generation, especially regarding obesity.

...
World Health Day (Cont’d)

In her message to the public, Dr Margaret Chan, Director-General, drew attention to this huge problem. WHO estimates that more than one in three adults worldwide has high blood pressure which is one of the most important contributors to premature death and disability from cardiovascular disease worldwide. It contributes to nearly 9.4 million deaths due to heart disease and stroke every year. Together, heart disease and stroke are the number one cause of death globally. High blood pressure often occurs together with other risk factors, like obesity, diabetes, and high cholesterol, increasing the health risk even further.

The aim of this year’s World Health Day is to make people aware of the need to know their blood pressure, to take high blood pressure seriously, and then to take control. For prevention, the advice is straightforward and familiar. Reduce salt intake; keep fit, trim and active; know your ideal body weight and aim for it; eat more fruit and vegetables and less processed or junk foods; go easy on sugary beverages; do not use tobacco and stay away from tobacco smoke; and drink alcohol only in moderation or not at all. For many people these lifestyle changes are sufficient to control blood pressure, but for others medication is required and greatly reduces the risk of heart disease, stroke and kidney failure.

WHO’s main message to the public is – be safe, know your blood pressure, act smart, shape up your lifestyle, and follow meticulously recommendations for medication and self-care.

Sue Block Tyrrell

WHO and tobacco

Better late than never: WHO completely no-smoking inside and outside

Reminder: A quarter of a century ago the first historical move towards a smoke-free WHO was made on the 40th anniversary of the establishment of WHO, 7April 1988. The Director-General at the time, Dr Halfdan Mahler, took a hammer and broke an ashtray to indicate, in front of the whole staff, that the WHO building would henceforth be a no-smoking place. All ashtrays were removed from the building. Vacancy notices carried the warning that candidates for a post were applying to a smoke-free institution. Hardcore smokers had to go outside for a smoke, even in winter but this is no longer the case.

A new historical step in smoking control has been taken by the present DG Dr Margaret Chan. The following message advises staff and visitors that:

"Effective May 31st 2013, smoking and the use of electronic nicotine delivery systems, such as e-cigarettes, will no longer be permitted at any time in:

a. All indoor and outdoor areas of the WHO compound, including parking areas and gardens;

b. All vehicles owned, rented by, or leased to WHO;

c. All private and commercial vehicles while they are in the WHO compound.

The above applies to all persons while on the WHO premises regardless of the purpose of their visit.

Health and Medical Services (HMS) in collaboration with CIPRET, a local nongovernmental organization, will continue to provide support for tobacco cessation to any WHO employee who requests it.

Clear signs will be posted in English and French at entrances to the buildings and premises and all ashtrays will be removed from the premises.

(Cont’d page 6)
Electronic cigarettes: the unknown

In recent years there has been a growing diffusion of the electronic cigarette (e-cigarette), it is even recommended as one of the ways to quit smoking.

Further study on the nature and history of the e-cigarette is necessary. It was patented in the USA in the ’60s, but it was only in 2004 that it was produced in China and exported worldwide. The classic e-cigarette consists of a steel structure with a cavity containing a capsule of liquid nicotine in various concentrations and a rechargeable battery; it looks like a normal cigarette. Smokers inhale the steam which is absorbed by the lungs. You can buy it anywhere except from traditional tobacco vendors who have protested about the lack of profit, given that it is a product containing nicotine like the cigarettes they sell legally. As the tax on e-cigarettes is low, governments are also losing revenue, which can amount to millions; in times of financial crisis, this fact is not to be neglected. Only smokers seem to gain from the consumption of the e-cigarette: as they pay less each year compared to the amount spent on normal cigarettes.

In the long term there will be a reduction in health costs and deaths due to lung cancer. Indeed, what is surprising is that even renowned professors, advise the use of the e-cigarette to help stop smoking. Others, however, point out that even if it is less dangerous than the classic cigarette (no paper combustion), the inhaled nicotine is still harmful. Even its name is criticised: it is an electric cigarette because of the battery which provides the steam. This is what gives users the impression of smoking a normal cigarette. There is no evidence that the steam is safe even if it does not contain nicotine, and neither is there evidence that the use of the e-cigarette decreases tobacco dependency. The experts say on the contrary that it enables young smokers to get used to the gestures and rituals associated with tobacco consumption which are already harmful habits.

On the other hand, the distribution of the e-cigarette has taken advantage of a legal loophole, as its existence was not foreseen and therefore not regulated. There is no mention of it in the WHO Framework Convention on Tobacco Control, which does not require signatory state parties to enforce the ban on smoking the e-cigarettes in enclosed places where its use is widespread. In view of its wide distribution, several countries have taken steps to protect the health of consumers, especially minors. According to studies carried out in Italy by the Higher Institute of Health, the daily tolerated dose of nicotine in line with standards set by the European Food Safety Authority (EFSA) is exceeded even with a moderate use of these cigarettes. The consumption and sale of e-cigarettes are forbidden to minors under 18 years. Producers have begun studies to demonstrate that the amount of nicotine inhaled is less than that of a normal cigarette and that the lack of paper combustion reduces the risk of lung cancer. They say that following a survey of e-electronic cigarettes smokers, 32% have reduced by half the number of cigarettes they smoke, 12% by 80% and 22% have stopped. At the same time the number of doctors who advise the e-cigarette to patients who want to quit smoking is on the increase.

There is another threat to these cigarettes: smuggling. There have been several important seizures of unknown origin.

The WHO position has always been very clear. Following a meeting in Durban, WHO prepared a Technical Report on the electronic cigarette - TRS 955. In 2008 the Head of the Tobacco-Free Initiative, Dr. D. Bettcher said: “Any statement that considers the electronic cigarette as a valid therapy to quit smoking is absolutely false. Producers have made claims on the web or in their advertising as if WHO supports their findings. On the contrary, WHO has called upon governments to force these producers to remove such publicity. If they want their findings to be recognised, they must prove them through serious clinical studies”.

Roberto Masironi

Laura Ciafetti

This smoke is as harmful as tobacco. This is still relevant.
News from WHO

Highlights from the 66th World Health Assembly, 20-27 May 2013

Three invited speakers highlighted the links between health and development - Dr Nkosazana Dlamini Zuma, Chairperson of the African Union Commission, Ms Gunilla Carlsson, Minister for International Development Cooperation, Sweden, and Dr Jim Yong Kim, President of the World Bank Group, former Director of the HIV/AIDS Department at WHO headquarters. Under the presidency of former Regional Director of the Western Pacific Region, Dr Shigeru Omi, 24 resolutions and 5 decisions were adopted, including:

- Approval of the proposed programme budget in totality for the first time in WHO’s history – US$ 3977 million for the 2014-2015 biennium
- The newly identified influenza H7N9 and MERS-CoV (novel coronavirus) outbreaks lent even greater relevance to discussions on the International Health Regulations
- Pursuance of efforts towards the achievement of the health-related Millennium Development Goals and to ensure that health is central to the post-2015 UN development agenda
- Delegates noted the first annual report of the pandemic influenza preparedness framework covering three main areas – virus sharing, benefit sharing and governance
- New actions plans were endorsed in the areas of:
  - polio eradication
  - prevention of avoidable blindness and visual impairment
  - mental health
- Delegates received an update on the progress of WHO reform
- The 12th General Programme of Work was adopted for WHO’s activities over the next six years

Other resolutions and decisions focused on:

- Disability
- The Global Vaccine Action Plan
- e-Health standardization, interoperability and security
- Life-saving commodities for women and children
- Global efforts to prevent, control and eliminate malaria
- Neglected tropical diseases
- The prevention and control of noncommunicable diseases
- Social determinants of health
- Universal health coverage
- Substandard/spurious/falsely-labelled/falsified/counterfeit medical products

At the closing ceremony, Dr Margaret Chan, Director-General, sounded an alarm that the novel coronavirus is a threat to the entire world and requires urgent international attention.

Sue Block Tyrrell

AFSM General Assembly

DO NOT FORGET OUR GENERAL ASSEMBLY WHICH WILL TAKE PLACE ON 8 OCTOBER 2013, AT WHO HEADQUARTERS, GENEVA, ROOM C.

Please send your suggested items for discussion and please attend!
Putting business before health at WHO?

In an editorial of Equinet¹, German Velasquez formerly in the Department of Public Health, Innovation and Intellectual Property, estimates that WHO no longer really fulfills its leadership role in matters of public health, while WTO and WIPO are more and more involved. He regretted that the ceremony between the three Directors General on February 5, during which the trilateral publication "Promoting Access to Medical Technologies and Innovation" was presented, took place at the WTO and not WHO.

The WTO and WIPO now speak of these issues without "taboo", but "... the study does not give a complete picture of the treatment of this issue by WHO during the last decade. A table of seventeen resolutions of the World Health Assembly (WHA) concerning intellectual property (IP) and health adopted between 1996 and 2012 is presented on page 44 of the report. These resolutions are of a highly prescriptive character for the secretariat and countries on how to protect public health from the possible negative impact of new international trade rules, but despite numerous resolutions and publications in the last 15 years by WHO on this issue, many of which are not mentioned in the report, the disclaimer of the document says that "(...) the published material is being distributed without warranty of any kind, either expressed or implied... The responsibility for the interpretation and use of the material lies with the reader. In no event shall WHO, WIPO and WTO be liable for any consequences whatsoever arising from its use."

This could give the wrong impression to the reader that WHO has no opinion on whether a compulsory licence may, in special circumstances, facilitate access to drugs, or if an international end of patent regime, that allows parallel imports from any country can reduce the cost of drugs and therefore contribute to access. The 17 WHA resolutions give a mandate to WHO to engage, promote and defend mechanisms and policies in favour of access. Thus, it is important to ensure that the trilateral cooperation with WTO and WIPO does not lead WHO to share a "neutral" vision, totally disengaged from its mandate of health protection. This would be contrary to the exemplary leadership by WHO on The Revised Drug Strategy, WHA 52.19 in 1999 or the WHO Policy Perspectives on Medicines published in 2001 that says: "National patent and related legislation should:

• Promote standards of patentability that take health into account. (...)  
• Incorporate exceptions, trademark provisions, data exclusivity and other measures to support generic competition.  
• Permit compulsory licensing, parallel importation and other measures to promote availability and ensure fair competition.  
• Permit requests for extension of the transitional period for TRIPS implementation, if needed and if eligible.  
• Carefully consider national public health interests before instituting TRIPS-plus provisions."

As expressed by the three NGOs that addressed the Executive Board in January this year, on the issue of IP and public health, the trilateral report is a weak and unambitious document in which WHO does not fully reflect the work it has done on these issues in accordance with its mandate.

The question that we, as Member States of the WHO, international organisations with a clear vision regarding the priority of health such as UNDP or UNAIDS, or UNICEF, non-profit NGOs working on public health, the academia and all the sectors concerned with the promotion of health and access to medicines, should ask is what is the relevance and status of this report in the face of the 17 resolutions by the WHA giving a clear mandate that is not reflected in this document.

It would seem that we have overcome the debate that began in the early 2000’s about which one was first, the right to health or international trade rules, but in this trilateral publication, the mandate of WHO to promote public health seems to have been subordinated to accommodate IP and trade interests that WIPO and WTO promote.

Therefore, the trilateral report is like a "Wikipedic" report that describes what others have said on the issue, without any of the three organisations saying what they think. The 251 page document contains no recommendations, not even a conclusion, or any guidance. In comparison, the 2006 WHO report on Public Health, Innovation and Intellectual Property Rights (CIPIH report), led by the former president of Switzerland, Ruth Dreifuss, contained 60 recommendations. A Japanese saying goes: "what a man does not say is the salt of a conversation". We can say that this report...is an insipid report...

Editorial from German Velasquez, reported by DC

¹. Equinet Newsletter, 1 April 2013. Please send feedback or queries on the issues raised in this briefing to the EQUINET secretariat: admin@equinetfrica.org. This oped was first featured in a 2013 mailing of the South Centre, Geneva.
WHO contracted an independent global communication agency, Grayling, to carry out a global stakeholder perception survey by both external stakeholders and WHO staff.

- 5054 external stakeholders were approached, selected by WHO country and regional offices as well as HQ to represent ministries of health, UN agencies, NGOs, WHO collaborating centres, etc
- 20% responded, which according to Grayling is quite high
- Internally, all 9311 staff, consultants and interns were approached. 25% responded

Questions were nearly identical and the results are publicly available on the WHO website. The results are encouraging:

- The vast majority of both internal (9 out of 10) and external (three-quarters) stakeholders consider WHO as either indispensable or important for improving people’s health.
- WHO is seen as most effective at influencing health policy at the global level (89%).
- Information provided by WHO is valued as accurate and useful.
- Four out of five respondents in both groups trust WHO’s ability to manage international public health threats
- 80% of WHO staff and 77% among partners would generally speak positively about WHO
- Confidence in WHO is increasing among 42% of partners and 35% of staff. 24% of external and 40% internal respondents expressed declining confidence in WHO.
- 18% of external respondents and 19% of employees believe WHO is inappropriately influenced by industry/private sector and the category “I don’t know” is worryingly high in both groups (external 46%, staff 33%).

The survey pointed to some areas of improvement:

- There is declining confidence or disappointment with WHO’s performance.
- A large proportion of external stakeholders (45%) and staff (33%) say they do not know whether WHO is inappropriately influenced by the private sector.
- There is a clear need to improve the speed of delivery and accessibility of WHO information.

Some personal comments

The WHO Communications team is to be congratulated for the survey and the honest way the results are being disseminated. The results were discussed in a seminar held in WHO and led by Dr Troedsson, Executive Director in the the DG’s office. I went to it with trepidations thinking the room would be crowded but not at all. High level officials were significant by their absence – I believe only about two Directors were present. The audience had a high proportion of interns (who seem to serve the useful purpose of increasing the audience of various seminars).

The second comment is to do with the response rate – in spite of Grayling’s assertion that it is quite high, a response rate of 25% of staff seems quite low – question is why they did not respond? Is it because they felt that their responses would serve no useful purpose?

The third comment has to do with repeating the survey. It was heartening to note that DGO intends to repeat the survey every two or three years since a large value lies in the changes in perception over time. However there were surveys in the mid 70’s among the diplomatic corps in New York regarding their perceptions of different international organizations in which WHO used to be the leader. In another survey (Pew Foundation?), WHO came second.

The positive response was often the result of combining the strictly positive with neutral answers. Also perceptions of people are often due to implementation actions of organizations (e.g. UNICEF) while WHO’s constitutional mandate is to establish norms and technical cooperation – and not implementation. Should this be made clear in the preface of a future survey?

The costs were rather low – of the order of USD 130,000 for external respondents and USD 30,000 for staff. What was refreshing was that the seminar leaders did not indulge in double speak to sustain their own perceptions but were honest and straight forward.

The final comment is the absence of past WHO staff from the survey. The organizers were agreeable to include them and wanted AFSM to provide the names and addresses of past staff. However, AFSM decided not to give such information without clearance of the addressees – I believe we should find out from AFSM membership if each individual would agree to inclusion of their names in a similar survey in the future.

Dev Ray

To read the full report: http://www.who.int/about/who_reform/change_at_who/who_perception_survey/en/index.html
Is global health turning in the right direction?

On Thursday 2 May, at the invitation of the Cambridge University Global Health Committee, Professor Adetokunbo O. Lucas, Adjunct Professor of Harvard University and former Director of the Special Programme for Research and Training in Tropical Diseases at WHO headquarters, gave a talk on this topic in a crowded lecture theatre at the Clinical School of Addenbrooke’s Hospital, Cambridge, England. Professor Lucas described how global health, a derivative of international health, was born of fear, nurtured by compassion and sustained by recognition of mutual benefits. The essence of global health is the mobilization of all relevant stakeholders into partnerships that tackle the challenges of health and disease on a global plain. It is based on a sound foundation of equity and social justice. He gave examples of the global health approach, including:

- research to generate new knowledge and technologies;
- collaborative programmes for the control, elimination and eradication of targeted infectious diseases; and
- global targets and goals such as the Millennium Development Goals with emphasis on equity and social justice.

The lecture was attended by Professor Sir Leszek Borysiewicz, Vice-Chancellor of Cambridge University, who challenged the students present to play their part in improving global health.

In March this year, Professor Lucas received the Jimmy and Rosalynn Carter Humanitarian Award for his “outstanding humanitarian efforts and achievements that have contributed to improving the health of humankind”. Previous recipients of this award include former President Jimmy Carter and former First Lady Rosalynn Carter, Bill and Melinda Gates and former President Bill Clinton.

Sue Block Tyrrell

International Day of the Elderly

The International Day of the Elderly will be celebrated in Geneva and in many countries. WHO will be involved, as well as the City of Geneva. Our Association will take part and we will keep you informed about the programme for the day as soon as it becomes available.

Thanks in advance to the Regions for letting us know about the celebrations in countries.
Plate-forme des associations d’âgés de Genève
(Platform of associations of the elderly in Geneva)

The Plateforme is a federation of associations helping the elderly in the Canton of Geneva.

It was established in May 2005 and has grown from 17 associations to currently 32 associations. Many of the communes in Geneva have their own associations for the elderly which help in organising events, seminars and symposia for the elderly and there are associations which deal with specific problems of the elderly. For example the Fédération genevoise des établissements médico-sociaux (FEGEMS) (Geneva federation of medico-social establishments – old people’s homes) not only deals with those who want to be residents in EMSs (old people’s homes) but also organises vacations for couples with one member suffering from Alzheimer’s. The Fondation pour la formation des aînées et des aînés de Genève (FAAG) (Foundation for the training of the elderly) organises conferences on relevant subjects e.g. age and memory.

The Plate-forme meets four times a year and representatives can be found in Cité Seniors at 28 rue Amat on Mondays from 14.00 to 17.00 hours and Fridays from 09:00 to 12:00. Currently the President is Eric Sublet and the Secretary is Hans Peter Graf. It holds its meetings in CAD (Centre d’animations pour les retraités: Centre for activities for retirees). The Annual General Meeting was held on 15 April 2013 where the President submitted the annual report. Of the total budget for 2013 – CHF 101,200 – only CHF 6,600 comes from the dues from member associations (CHF 200 for each member) while the rest is covered by grants from the city of Geneva. Geneva University Hospital is undertaking a longitudinal study of the effects of dietary supplements and exercise on the health of the elderly. Invitations to take part in this study have also been sent by AFSM to its local members.

The AFSM has been represented previously by Roger Fontana sometimes supplemented by others like Dev Ray and David Cohen. In April, the AFSM decided to become a full member of the Plate-forme since many of its activities are of direct benefit to its membership. Those who are interested can visit the permanence held in Cité Seniors to find out about the diverse activities undertaken by various groups in which our retirees can also participate. The Plate-forme also actively participates in the International Day of the Elderly on 1 October.

Dev Ray

For further details see report of AAFI-AFICS: Ageing at home: Seminar held on 25 Sep 2012

Age-friendly cities

An article in the Le Monde newspaper (12 March 2013) praises a rural area in the northwest of Quebec in Canada, which has put into practice some activities recommended by WHO in the context of its programme on “age-friendly cities”.

The policy of “Living and ageing together, at home, in our community” was adopted in 2011 in this area which covers 19 000 km2 with 21 villages and 17 000 inhabitants, 17% of whom are over 65 years old: this number will double by 2030 as in the whole of the Canadian province.

In 2010, WHO launched a network of age-friendly cities, based on the inspiration of UNICEF which had successfully established a network of child-friendly cities a few years previously. According to Dr John Beard, Director of the WHO Department of Ageing and Life Course, “elderly people are a vital, but often neglected, resource for families and society”. From 2006, WHO had launched a pilot study in 33 cities around the world. This enabled the identification of important points which characterize the favourable urban environment for healthy and active ageing with access to: public transport, open air spaces and buildings, adapted housing, a close social network, and medical services. In addition to these material and organizational aspects, the WHO study has shown “the need to favour activities which allow elderly people to take an active part in society, to fight against discrimination based on age and offer the best opportunities for civic participation and employment”.

Since the call to participate in the network last December, WHO has been “submerged by responses”. New York was the first city to join the network.

Since 2007, the city of Geneva is actively engaged in the project, in collaboration with WHO. The “Cité Seniors” provides the elderly with a place where they can obtain information, meet people, receive training and organize conferences. The Geneva-based associations of the elderly are grouped together under the umbrella of “Plate-forme”, of which the AFSM has recently become a member.

Yves Beigbeder

For further information, please visit the web site www.who.int/aging
New members

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

Life Members
Roger AERTGEERTS; Edith BERNARD; Brian DOBERSTYN;
Marie-Françoise BORÉ; Philippe LAMY; Josephine MATUSMOTO;

Conversion to Life Membership:
Manique ABAYASEKARA; Tarcisio BOSCARDINI; Catherine BROWNE; Geneviève CAPITAINE-EYNARD; Gilbert COTAND; Ernesto DE OLIVEIRA; Philippe DESJEUX; Pia ELMIGER; Sev FLUSS; Vera KALM; Laure LAMBERT; Anne-Marie LEROY; Galliano PERUT; E.A. Paloscia RICCARD.

Annual Members:
Adetokunbo LUCAS, Julia MIRAILLET

Two other persons do not want their names to appear in the QNT.

Skies for July to September

This is the time of year for Milky Way viewing. Although it is always in the sky, during the past few months it has been running along the horizon, at least from the northern hemisphere, and is hidden by the light pollution from all but the darkest of locations. Now, however, it runs virtually overhead from both hemispheres, and the brightest part of it, through Sagittarius, is on view. We are looking at our own galaxy of stars from the inside.

If you can get away from the city lights on a clear night the Milky Way arches across the heavens. You will notice that it is not an even brightness all over, but there are brighter patches and also bits where there are very few stars. In particular there is a long dark gash, known as the Great Rift. This extends from Cygnus, which is virtually overhead from Europe right now, down to Sagittarius, which is overhead from the southern hemisphere. In reality it is a lane of the dust and gas that is abundant in the spiral arm of a galaxy like our own. The Solar System is fairly centrally placed in the plane of the galaxy, so this material hides the actual centre of the galaxy.

Gaze along the Milky Way with binoculars and you will pick out star clusters and nebulae that you can identify using an online sky map such as the excellent free download Stellarium. This will also help you identify Venus low in the west just after sunset, and Saturn higher up in the south-west.

You can get more sky news from the Society for Popular Astronomy: www.popastro.com.

Article kindly provided by the British Society for Popular Astronomy

In memoriam

Dr Peter F Beales, former SEAR staff
(Senior Malarialogist in the Thai programme from 1974 to 1980) died of leukaemia at his home in London on 3 January 2013. His funeral took place in London on 22 January. SN offers its heart-felt condolences to the bereaved family and prays for the departed soul to rest in peace.

(obituary published in SEAR news, New-Delhi)

Information kindly provided by Brian Doberstyn

Others deaths
Edouard Fankhauser
Margaret Desbois,
Edouard Dowd

Information kindly provided by Brian Doberstyn
Tour of Campus 1 - UN City - 2 May 2013

The UN City building alongside the Port of Copenhagen was designed by a firm of Danish architects, 3xNielsen. The Ministry of Foreign Affairs rented the building and then presented it to the UN free-of-charge. The individual Agencies pay for their own furniture and equipment.

Lars Hormann, Project Director, UN City gave us a warm welcome in the open Reception area where there is a black encased spiral staircase, informing that readers of the Harry Potter books would recognise "The Grand Staircase" from "Hogwarts' Castle" school, and which has in fact been named 'The Harry Potter Staircase'.

The structure stands on an island of reclaimed land. The building has been designed aiming at LEED (Leadership in Energy and Environmental Design) certification and has in fact been awarded the highest level possible, which is 'Platinum'. In the United States and in a number of other countries, LEED certification is the recognised standard for measuring building sustainability, which is why only building materials produced in Scandinavia have been used, thereby reducing transport costs. The imposing white edifice with its 8 fingers when completed, (5 at present), with 5 floors above ground, is constructed as an energy class 1 building. Energy class 1 is a term for a climate-friendly building that uses less than 50 kWh per square metre per year for heating. Specifications include: a solar system on the roof that covers 30% of heating costs; rainwater is used for the lavatories; and sea water is used to cool and heat the building.

At present, there are 28 thousand m2 of office space which will increase to 45 thousand m2 when all 8 fingers are in place, and 5,000 m2 of technical and storage space in the basement.

The windowless Auditorium, which is situated at lower ground floor level, seats 450 although it can be subdivided into 3 conference rooms. There is a Press Centre at the same level.

In addition, there are 91 meeting/silent rooms in the building. 50% office space is open. Each floor has its own tea kitchen, one on every floor.

450 individuals can be seated in the Canteen, but as it is expected that as many as 1,600 persons will be in the building at any given time, people will have to eat in shifts. There is a huge kitchen area by all accounts, which we were unable to visit for reasons of hygiene. Buffet meals are available taking all tastes and preferences into account. The huge room is white and sterile, and the two queues where one pays for a meal are too close causing confusion.

There is an emergency crisis centre and a very large and well-equipped fitness centre is situated at a finger tip of the building, which must be the only one with such a magnificent view of the sea and the Swedish coast.

ID cards are needed to enter the building, to open doors and to use the lifts. One member of our group got stuck in the lift on the 5th floor as she had been able to enter the lift but could not open the doors to get out without a security card! The unfortunate woman had to press the emergency button and was rather shaken after such a nasty experience! Security for visitors is similar to that of an airport.

To date, UNDP, UNOPS, WHO (WHO occupies the second and third floors), WFP and UNFPA occupy the building, and next year UNICEF will move its 250 staff into their offices. The number of staff in Campus 1 after the completion of the last three fingers in 2014 will be in excess of 1,250. Other agencies are expected to join the UN family at a later date. The building has been planned to accommodate more than 1,500 persons.

WHO staff have mixed feelings concerning the new office facilities as 'landscape' is not to everyone's liking. Anywhere between 6-8 staff share an office. Telephones cannot be moved to other locations so it is not difficult to imagine how noisy it will be at times; a poor connection to Yerevan, Alma Ata and other cities can easily result in a cacophony of sound. Those sitting at the outer area experience additional disturbances when others walk backwards and forwards past their work stations.

The automatic blinds, which close rather noisily, do so when the smallest cloud crosses the sun, causing irritation. Staff members will soon be able to open and close them from their computers, but whether or not that will that be a satisfactory solution remains to be seen.

Some of the above points are mainly teething problems and will be sorted out.

Individual members of the group of 20 former WHO staff were given a booklet entitled, "To stay in touch and be kept informed, join your Association of Former WHO Staff (AFSM)".

Jill Conway-Fell
# Health articles published in QNT from N°60

Please find below a list of articles in relation to health published in the QNT since No. 60. If you want to read one of them, and did not keep hard copies, you can easily find them on our website [http://who.int/FormerStaff/en/](http://who.int/FormerStaff/en/)

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The BAFUNCS Annual Reunion 10-12 May 2013

This year the BAFUNCS Annual Reunion was held in London after a very long absence from the Capital. It had not been an easy feat for the Organizing Committee, but the outcome was delightful. Attendance was around 80 persons, which is the usual number. We all arrived on Friday, most of us, after a trip from a mainline railway station or airport, on the LDR (The Light Docklands Railway) which is a marvellous new means of London Transport. The Friday afternoon saw Registration and the usual Tea after which everyone got ready for the informal Friday evening dinner. There were too many ex-WHO people present to seat us all at one table, so we were a little scattered around and converged together afterwards over the remains of the wine, making sure it all went.

On Saturday after the opening of the meeting by the president Edward Mortimer, Sue Block-Tyrrell conveyed the greetings and best wishes from AFSM for a sucessful meeting. The morning’s speaker was Sir Kieran Prendergast, a former British diplomat and Under-Secretary of the UN for political affairs under Kofi Annan. Sir Kieran spoke about the UN and how it deals within the rules of Charter of the United Nations, with humanitarian catastrophes inflicted by unacceptable violence. How to deal with the need for UN humanitarian intervention in cases where states invoke the right to refuse this on the grounds that these matters are within the domestic jurisdiction of the State. And how the evolution took place from “humanitarian intervention” towards the new concept of “the responsibility to protect”. After coffee break the General Assembly dealt with the business in record time. All reports and accounts were accepted as well as the budget. The afternoon was devoted to excursions. There were three: one to Greenwich, a boat trip on the Thames and one very interesting walk through the London docklands from Tower Gate to Canary Wharf. All were extremely interesting and organized with great care and attention by the London Organizing Committee. There is a whole new world beyond Tower Bridge!

The evening saw the gala dinner with the traditional toasts to the Queen and to BAFUNCS and the next morning gave us Dame Rosalyn Higgins, President of the International Court of Justice, located in The Hague. She informed us about the Court which is the main judicial organ of the United Nations and was established by the Charter in 1946. It is composed of 15 judges and is charged with setting legal disputes between States and giving advisory opinions on legal matters referred to it by United Nations organs and the specialized agencies. It is funded only by the UN.

After coffee break BAFUNCS considered various ways of how to increase its membership and how to involve members more in its activities. The Representative of the Northern Region gave some details about next year’s annual reunion which will take place in Edinburgh. This concluded a delightful get together where WHO as always was very well represented.

Coby Sikkens

1. British Association of Former United Nations Civil Servants

Ziaul Islam, Pat Marlow, Enid Steward Goffman, Susan Idreos, Fred Beer, June Hargreaves Beer, Coby Sikkens (behind), Doreen Sayers (in front), Sue Wright, Bernadette Rivett, Brenda Suiters, Sheila Cooper, Brian Suiters, Carolyn Allaman & Sue Block Tyrrell (kneeling)
Life stories

Contacts, catching up and above all, courage

During my recent wonderful long holiday – vive la retraite - I was able to catch up with a few former WHO staff:

- in Singapore, I had dinner with Dr Tikki Pang, former Director of Research Policy and Cooperation at WHO headquarters
- in Kuala Lumpur, in addition to visiting the new WHO Global Service Centre, I had dinner with the family of Dr C. P. Ramachandran, former scientist working on research capacity strengthening and later lymphatic filariasis in the TDR (Tropical Diseases Research) Programme
- in Bangkok, I met up on a couple of occasions with Dr Han Tun, former WHO Representative in Nepal and Acting WHO Representative in Thailand, and former WHO Liaison Officer with ESCAP
- in Chiangmai, I spent time with Dr Brian Doberstyn, former Chief of Research in the Malaria Action Programme, and Chief of Malaria in the Department of Control of Tropical Diseases at WHO headquarters, and then WHO Representative in Cambodia and later in Thailand, and finally Director of Communicable Diseases in WPRO.

Brian now runs a foundation which provides education opportunities for disadvantaged young people in Northern Thailand – the Dulabhatorn Foundation – readers may wish to consult the web site – www.dulabhatom.org

It was great to catch up with so many friends and to find them well and happy.

During my visit to Auckland, I had a couple of lunches with Ian and Mary Carter. (Ian was an epidemiologist at WHO headquarters from 1961 until his retirement end 1986. He worked in the areas of malaria eradication, health statistics, communicable diseases, including the smallpox eradication programme, and epidemiological surveillance.) Ian and Mary are both Australian and spend most of their time visiting their children and grandchildren in Australia, Canada and the United Kingdom. For many years, they spent some time in Malta each year helping in a school where the children of many different mother tongues were being taught in English. It was so nice to see them and looking so well and happy and making the most of each and every day.

I underline looking well and being so positive about life, despite the fact that Mary¹ has had to have her right leg amputated. She has been an insulin dependent diabetic for the past 50 years and at Christmas 2011 Mary developed gangrene in her right foot. At one time, she was in intensive care in Malta, suffering from pneumonia and her life was in grave danger. Fortunately, she pulled through. With daily dressings of her foot to keep the condition stable, Mary and Ian were able to continue their travels to Turkey, the United Kingdom and Canada before returning to Australia. Back home, a further surgical assessment was made and Mary’s leg was amputated above the knee on 19 July 2012. The surgeon did not recommend prosthesis. Mary went for four months rehabilitation, with physiotherapy and she has improved tremendously. Ian’s wheelchair-pushing skills improve daily! They have access to a wheelchair-friendly unit in Brisbane and Mary is now able to do so much more by herself. In fact, not so long ago, on Skype Ian was telling me that it was not necessary to have someone on hand because of her diabetes, as Mary could lead a completely independent life.

Mary is truly amazing and has volunteered her story for the Quarterly News to hopefully inspire others to accept what happens in life, get on with it and do the best you can. Some days she gets frustrated but these emotions are diminishing as time goes on.

Neither Mary nor Ian are ready for a retirement home they say and intend to continue their travels to visit the family. Both in their eighties, they set themselves a small project each day to accomplish, and make time for a short daily powernap.

I am glad they are still travelling as it enabled me to catch up with them in New Zealand and to enjoy some quality time with them. Good luck to you both Mary and Ian and Bravo to Mary for her determination and positive attitude to get on with life, despite adversity.

Both Mary and Ian hope their message will be able to help others who may be suffering a serious health handicap.

1. Details about her health given with her agreement.

Sue Block Tyrrell
Life stories (Cont’d)

What an experience!

We had been invited to a surprise 80th birthday party of one of our best friends. The party was organized by her three daughters and was set for 23 March, in Sceaux, near to Paris where one of the daughters lives.

Of course we accepted the invitation. My wife has known Suzanne since high school in Paris and I have known her since university, as well as her husband who was a dear friend but unfortunately is no longer with us.

We found low cost tickets with Air France on the internet and off we went on 14 March, with the firm intention of visiting Paris for a few days before the birthday.

My brother had gone skiing in Isère with his grandchildren but his wife and son were waiting for us in the studio they had placed at our disposal near to Place d’Italie, before they too left for the mountains that day.

At the Charles de Gaulle airport in Paris we took the metro RER, very convenient and fast. Each of us had a suitcase on wheels. I started to have back ache – I am used to it even if, this time, it was more in the upper back and not in my lower back, as is usually the case: I know that I have arthritis all along my spine. “It’s probably because I carried my suitcases,” I said to myself.

We installed ourselves in the studio. Our sister-in-law left with her son. My back was still hurting, but the pain was spreading, towards my shoulders, neck, and jaw: “S…t, it’s not my back, it’s my heart!”

I made some phone calls and finally called 15, the emergency number in France. They came within less than ten minutes. Electrocardiogram: “Your diagnosis is correct…”

They brought me down from the second floor, three of them; with me, sitting on a chair, going down a twisting and narrow staircase and put me in the cardiomobile, and with sirens blaring we went to La Pitié-Salpêtrière Hospital. They wheeled me on the ambulance stretcher to the coronarography table. The team who had been called ahead was waiting for me. My fellow doctor put in a probe through the radial artery to the coronary artery. I watched the procedure on the screen. “I am in the right coronary artery; it’s blocked. There, it has reopened; it’s going through; I am inserting a stent; now a second one. Now I am on the circumflex artery; I have inserted a stent. And there you go”. “Thank you fellow doctor.”

24 hours in intensive care, followed by six days in a cardiac observation unit. Just in time to go to the birthday party, the reason for which we came to Paris. It was a great party. Many people. I was really happy to be there.

I was lucky to share a room with a very pleasant man; he described himself as a “hispanic-Frenchman”. We conversed in both languages and in English and even a few words in Russian: he is an Anglicist at the University of Noumea.

Our youngest son Etienne took the TGV train and joined my wife who was alone in the studio in Paris (nearly all our relatives in Paris were in the mountains!) to keep her company during the difficult days. Our three sons were in contact by telephone: the two older ones had delegated Etienne to take charge of the administrative matters. He did a great job in comforting his mother and of course I was delighted to see him. I had a few visitors – my eldest grandson, who was passing through Paris, insisted on coming to see his grandfather in hospital, and our nephew, the eldest son of my wife’s sister, a cousin who is an orthopaedist with whom we are in close contact, and also a friend from my adolescent days from the quartier of Porte-Brunet in the XIXth district of Paris: I was very touched.

We returned to Geneva on Air France as planned on 24 March without any problems. I requested assistance and it was in wheelchairs that we crossed the hallways of Charles de Gaulle airport and Cointrin (the airport in Geneva). Etienne had returned by TGV train before us, just in time to come and collect us at the airport.

In short, although it was bad luck, I was lucky. And, finally, I should add that when such pain happens, YOU MUST THINK THAT IT COULD BE YOUR HEART.

Samy Kossovsky
Dear Dr Cohen,

I just received the April issue of QNT and sat down to read all the informative articles and letters in one sitting.

I would like to join my other colleagues in paying felicitations and rich tributes to Dr Halfdan Mahler on his attaining the grand old age of 90 years! I have not heard about him lately, but I can visualize that he still must be agile and in great vigour even now.

In the "Reader's Corner", my old colleague and friend, J.V. Perumal brought out the 70's/80's nostalgia relating to HFA/2000 and PHC as a buzz word with which Dr Mahler was closely linked and an inspiration. His courage in bringing to the fore issues like breastfeeding to the chagrin of multinationals must be complimented, and, surely, later developments in this field have proved him true. Apart from his daring nature, Dr Mahler has a great sense of humour too. May I share an anecdote which Dr Mahler himself might have forgotten. During 1979 or so, when I was assigned to the Regional Director's office, a handwritten note by Dr Mahler arrived by pouch addressed to the then SEARO Regional Director, Dr V.T.H. Gunaratne which, as far as I recall, was couched as:

"Dear Herat,

I have seen your Travel Report to Mongolia and while concerned HQ staff will respond to other parts of your experiences, I have taken out one of your photographs from it and placed it on my table. Because whenever I am in a foul mood, I shall look at it and chuckle: "Camel riding a camel!» The photograph showed Dr Gunaratne (6' - 4") on a camel!! Dr Gunaratne greatly enjoyed it and shared it with his personal staff.

My deepest regards and best wishes to Dr Mahler for many more and healthy years!

Shiv K. Varma, ex-AO/RD, SEARO

-------------------------------------------

World Health Assembly: a very bad experience

No, this is not a résumé of what happened in the Assembly. I would have been happy to give one, if only could have been there. I knew that one of the Indonesian delegates to the World Health Assembly this year was an old friend of mine whom I had known for a long time and I decided to go and listen to what the Director General would say in her address to the Assembly on the first day and at the same time greet my old acquaintance. So on the morning of 20 May, the first day of the Assembly I went to WHO, to the Assembly registration desk and asked if I could get into the Staff or Public gallery of the Assembly on my retiree badge. No, was the answer I could not; I would need a public badge. I asked them to give me one; no they said they could not, because I would have to ask for it online (I was standing there in front of them!) When I looked at the paper they gave me, I noticed that the online applications had closed about two weeks before; so that was a no go. Subsequently, thinking that I always am able to get at least into the Palais, even if not into the meetings, on my normal retiree badge, I asked if I could go on the shuttle. At the desk they were not sure. I went along and tried and was approved for the shuttle. So we went. At the gates of the Palais the shuttle stopped and we were asked to show our badges. The security guard at the Palais told us that I and two other ladies were not approved for entrance and we had to go through the pedestrian entrance gate. So we got out of the minibus and went to the pedestrian entrance gate. The security guard there told the two ladies that they could not get in on the badges they had. (I am not sure which kind they were). The ladies who were Chinese were disgusted and disappeared to the normal bus stop to go back into Geneva. I stood there and the Palais security guard told me that they had strict instructions from the WHO security that WHO retirees were not allowed to enter. He was very sorry and apologized profoundly but referred me back to WHO. I picked up the shuttle when it came out and went back up the hill. I went to the office of a friend whom I knew was working on the Assembly and asked her to deliver a note to my Indonesian friend, to say I had tried to come and see her but was not allowed in. I felt insulted and humiliated. Is this the Organization I helped to create during the 31 years I worked there? And how am I expected to keep up any enthusiasm for its work if it treats me as though I am a potential terrorist?

Shiv K. Varma, ex-AO/RD, SEARO

1. See page 20 the comment by the administration

Coby Sikkens
Corrigenda and changes in the AFSM Directory 2013

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<tr>
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<tr>
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On page 57, the penultimate line should read UGANDA

The following members have passed away:
Peter Beales, Andrew Davis, Margaret Desbois, Bruno Doppler, Edward Dowd, Edouard Fankhauser, Dorothy Hall, Frances Mawson.

Coffees and lunches in the Geneva area

Please come and join these informal social gatherings for retired UN system staff:

**Geneva:** First Wednesday of each month, “International Carrefour” coffee afternoons from 2 p.m. to 4 p.m. at Cité Seniors, 62 rue de Lausanne – 28 rue Amat. For other activities at Cité Seniors please consult their web site – www.seniors-geneve.ch

**Nyon:** Coffee mornings from 10 a.m. to 12 noon in the café “Les Saveurs d’El Medina”, situated about 300 metres from the Nyon train station and accessed by following the rue de la Gare towards the lake and, at the small market square, going down on the right to no. 11 rue de la Combe. There is a shop called “Anouk” on the corner. The dates for the second half of 2013 are: Tuesdays: 16 July and 15 October Wednesdays: 21 August and 20 November Thursdays: 19 September and 19 December At the April coffee morning, Mary Kehrli-Smyth brought along her visitor from Ireland – Sylvia Yates who worked as a translator in WHO headquarters from 1975-1981, after which Sylvia continued to do freelance translation work for WHO.

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

*Sue Block Tyrrell*
**On the lighter side**

**Bath test**

During a medical consultation, I asked my doctor “How do you determine whether to send a patient into an old people’s home”. “Well”, he replied, “we fill up the bath and then ask you how to empty it. We propose to you a small spoon, a teacup or a bucket”.

“Oh, I understand, a normal person will take the bucket because it is bigger than a spoon or a tea-cup”. “No”, he replied, “a normal person will pull out the bath plug. Would you like a bed near the window?”

Will you pass on this message to your friends …...

OR WOULD YOU LIKE A BED NEXT TO MINE?

---

**Communiqué : Trip to Provence from 9-12 September 2013**

(4 days, 3 nights, organized by Mrs Valérie Vieille for AFICS and open to all retired international civil servants)

Two options : without transport - € 469 and with transport - € 549

Transport by bus: Geneva – Cavaillon – Geneva

Without transport: join the group in Cavaillon

Accommodation in double rooms
- Half board (breakfast and evening meal)
- Guided tour of the Conservatoire des ocres (ochre conservatory) in Roussillon
- St Rémy market in Provence
- Visit of the Jardin de l’Alchimiste (alchemist’s garden) in Eygalières
- Visit of the Carrières de Lumières in Baux-en-Provence

There are still a few places available. As this trip is not organized by the AFSM, those interested should contact Valérie Vieille directly: cbeinfos@gmail.com

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Access by retirees to the World Health Assembly

"Your Executive Committee has been in touch with the WHO administration and has been informed that NO instructions were given to or by the WHO security to prevent WHO retirees from entering the premises of the UN Office in Geneva during the World Health Assembly. Retirees are at liberty to enter with their badge on any day of the working week, regardless of whether the Assembly is taking place or not. It seems there were some problems with access to the shuttle for other people, e.g. interpreters, on the first couple of days. However, access by retirees to the Assembly meeting rooms is restricted to the public gallery. So far, WHO security has not requested retirees to obtain a public badge so access should be granted but this could be denied if the gallery is full. Just before the next Assembly, the Executive Committee will remind the WHO administration about this matter, in order to help facilitate entry for those retirees wishing to gain access to the public galleries."

See Readers’Corner (Coby Sikkens) page 18