Participants in the trip in Portugal

The trip to Portugal that took place from 20 April morning to 30 April evening (11 full days) – a cruise on the River Douro from Porto, followed by an extension to Lisbon – met with the usual success of our group trips.
Trip in Portugal

This trip, 8 day cruise on the Douro followed by a four days circuit by bus, went on marvelously. The weather was splendid. Many excursions allowed us to pay various interesting visits: architectural treasures, magnificent landscapes, vineyards far as the eye can see…

Photos J.-P Menu & D. Cohen (Other photos in the French version)

Our boat on the Douro river, 22 April

In the dining room

Azulejos in the railway station in Pinhao

Sunset on the river Douro

Left:
A street in Salamanca.

Right:
A lock gate

Left:
Fatima’s Sanctuary

Right:
Cabo da Roca, the most western point of Europe
EDITORIAL

N° 76 is the twenty-sixth in the “new format”.

It is time to question ourselves and ask our readers what they think of their Quarterly News.

Taking into account that it is read by people interested in many subjects and living in every corner of the earth, we have tried to make it as varied as possible, covering subjects such as health insurance and pensions, memory corner, WHO programmes, subjects which are of interest to all our retirees, without forgetting the humoristic page which can be more or less appreciated.

Hence, you will find on pages 13 and 14 a questionnaire you are kindly requested to complete and return to us by post or, of course, by email. You are requested to reply to a certain number of questions on the form and content: presentation, publication’s length, periodicity, subjects covered, etc... We would like to have your overall general opinion on the changes you would like to see made.

The current issue is the possible (porcine) flu A pandemic; we will try to keep you informed of developments. This shows how important the usual vaccination against the seasonal flu is this year. We will be waiting for you, as every year, in October: you will be kept informed in good time.

This year we shall be holding our general assembly scheduled for 29 October, for which we are already preparing. Your suggestions are more than welcome.

We are currently considering sending you by email from time to time, when necessary, a Newsletter to keep you informed. Those of you who do not yet have a computer will receive it by mail.

Important: Please verify your email address and eventually bring it up to date so that we may contact you more easily.
Health Insurance

A complementary insurance?

Several retired colleagues have asked if it is possible to take out a complementary insurance in order to cover the 20% not reimbursed by WHO/SHI.

In the Geneva region, there are complementary insurances for international civil servants:

- GPAFI (Provident and Insurance Group of International Officials), an association of international officials whose aim is to propose to its members complementary reimbursements to their basic health insurance. This cover is applicable to personnel employed by international organizations based in Geneva and to the employees of permanent missions accredited to the U.N., as well as to their family members. The problem is that one must adhere before the age of 65, after which date it is too late. For more information consult: www.gpafi.com or call +41 22 917 26 20.

- other insurances (principally French) propose similar complementary schemes for international civil servants based in the Geneva region.

Are there the same possibilities in other regions of the world? Difficult to say precisely but it should be possible with private companies. Be careful though about the costs and the conditions applied. In all cases, beware of reimbursement delays, the age limit and the limits relative to pre-existing illnesses.

Moreover, retirees living in France, who have the right to be treated in France, can be reimbursed by the Social Security. Our insurance then acts as a complementary insurance completing full cover at 100%. It will be the same for every other nationally based insurance (for all information on this subject contact WHO/SHI or send an email to insurance@who.int)

Is taking a complementary insurance advantageous? Everyone should do their sums...

To do these calculations and to take the right decision, it should be remembered that for those who do not have complementary insurance, our insurance covers reimbursable charges at 100% (in accordance with Rule 202) over and above the limit of “catastrophic expenses”, that is to say 5% of full pension after a minimum of 25 years of service (this percentage must be revised for less than 25 years).

Pensions

The e-mail address of the Geneva Office of the Pension fund has changed:

UNJSPF@GVA.org

Please note also the mail address

United Nations Joint Staff Pensions Fund

S/C Palais des Nations

1211 Geneva 10
Our health

Sleep apnea syndrome

Longtime misunderstood, this syndrome, which refers to frequent and short breathing interruptions during sleep, is notably responsible for morning headaches and daytime sleeping that in the long-term can cause cardio-vascular disorders.

“Five million Europeans suffering from sleep apnea syndrome can fall asleep whilst driving”.
These are the conclusions of a study carried out by the European Society of Pneumology, which requested the European Union to take into account this phenomenon in the granting of driving licences and to harmonise national legislations.

Causes and risk factors:
The exact causes are not well known. A weakness of pharynx musculature is probably responsible of it. During the sleeping period, the atonic (flaccid) muscle structure collapses and obstructs the respiratory airways, producing breaks in breathing.

However, some risk factors are known:
- Overweight
- Male sex
- Excessive alcohol consumption, particularly in the evening
- Tobacco
- Regular intake of sleeping pills and/or tranquilisers
- Stricture in nasal cavity and pharynx
- Too large tonsils
- Hereditary factors: parents suffering from sleep apnea syndrome.

The risk grows with age.

Symptoms and consequences
Irregular and noisy snoring, often interrupted by breathing breaks, constitutes a major symptom. However, one should not confuse snoring and sleeping apnea syndrome, most of snorers have no health problems.

In patients suffering from sleep apnea, breathing is interrupted briefly more than a hundred times by night, which prevents a refreshing sleep and leads to great tiredness. It results in concentration disorders, a tendency to doze, and even to fall asleep during the day.

This phenomenon is particularly dangerous for car drivers and public transport drivers, as well as machines conductors.

The frequent breathing pauses during night cause a lack of blood oxygenation and overload the cardio-vascular system. After a few years, this can induce hypertension as well as other cardio-vascular disorders.

Diagnostic
Most of the time, it is the anxious spouse, who notices it and encourages the patient to consult a doctor. When a sleep apnea syndrome is suspected because of the symptoms and risk factors, a specific examination allows clarification of the situation.

Sleep ambulatory examination
During the night, the patient carries a device which measures different body functions – heart activity, blood oxygen rate, respiratory movements as well as the air flow passing through the nose. The data recorded by the appliance are analysed by the doctor.

The examination within the sleep laboratory: polysomnography

The exam in the sleep laboratory not only allows breathing disorders to be explained, but also to detect other sleep related conditions. Just as in the ambulatory examination, a device records various body functions. But here, an assistant, through a video camera, watches over the sleeping patient.

Concentration tests
Specific tests give excellent indications on the ability of patients suffering from sleep apnea to concentrate or to drive. They also reveal the tendency to suddenly fall asleep during the day.

Obstructive sleep apnea syndrome (OSAS)
Sleep apnea is either of central origin, or obstructive, or both. This article mainly focuses on obstructive sleep apnea (OSAS), the most frequent: its individualisation is relatively recent (1976). However, night breathing disorders are known since the Antiquity. More recently, Charles Dickens left us an outstanding description of the clinical picture, which the Medical body defined much later as the “Pickwick syndrome”. Epidemiological studies clearly indicate that it...
Our health

is a frequent pathology affecting about 4% of adult population (of which 1/4 female). Still not well recognised, OSAS is characterised by the repetitive occurrence of obstructive episodes of apnoea and hypopnea during sleep. The occurrence of these nocturnal respiratory events disorganise the sleep structure:

The hypnogram shows a very short latency period before sleeping, an excessively fragmented sleep, with many changes of stages, broken with very numerous awakenings, composed exclusively of a light slow sleep, disappearance of the deep slow sleep and a significant reduction of the paradoxical sleep, a very large number of micro awakenings, lightening the sleep, respiratory problems along with major snoring.

Due to the repercussion on daytime concentration, OSA has a very strong impact on the patients’ quality of life. The socio-professional consequences of vigilance disorders as well as the frequent cardio- and cerebro-vascular disorders represent a serious public health problem.

Medical treatments

Currently considered as the reference method, the continuous positive airways pressure (CPAP) has the advantage of not altering the anatomy nor to be aggressive, contrary to the tracheotomy, former reference treatment.

The positive pressure is a pressure higher than atmospheric pressure applied con-

- tinuously through the nasal or nasofacial airways, thus preventing occlusion of the superior airways and consequently, the occurrence of apnoea episodes during sleep. It has no contraindication and presents only light side effects:

- A possible local irritation due to wearing the mask.
- Nasal hypersecretion with rhinitis.
- Conjunctivitis due to the mask leaking.
- Dryness of oropharyngal mucosa.

Surgical treatment

It aims to remove the oropharyngeal obstacle, whether an obvious specific obstructive site exists or not. In the latter case, it tries to:

1. reduce the soft tissues volume (palatine veil, tonsils, basis of the tongue)
2. bring forward the insertions of the tongue and/or of the veil.

Continuous positive airways pressure (CPAP)

Sending air at an adequate pressure to keep open the superior airways in spite of a reduced muscular tonus of the pharynx dilatators while sleeping, allows apnea to disappear.

From the very first night of treatment a significant increase of the proportion of deep slow sleep and paradoxical sleep is observed. Awakening is accompanied with an unusual sensation of rest, and regression of daytime hyper somnolence, a good factor of prognosis regarding the future observance of treatment and a complete normalisation of the sleep architecture.

Use of CPAP is accompanied by a reduction of mortality similar to that obtained after tracheotomy and is superior to the conventional surgical treatment or weight reduction alone. Furthermore, it improves significantly, after nine months of treatment, performance tests during driving simulation, without noticeable difference as compared with a healthy control group; it also reduces the number of traffic accidents. The improvement of quality of life and the relief of anxious roommates related to the night apnea play a role in the tolerance and observance of the treatment.

In fact, the limitation of this treatment lies only on the daily constraint imposed to the patients. The quality of the observance is chiefly related to the quality of patient care at the beginning of the treatment and before they return home. It also depends on the gravity of OSA and the degree of initial daytime hyper somnolence.

Advice: In case of suspicion of sleep apnea (morning headaches, daily somnolence, etc.) do not hesitate to consult your physician. It is a serious matter.

Dr David Cohen

For further information: American Sleep Apnea Association www.sleepapnea.org/ Ligue pulmonaire Suisse www.lung.ch/fr/ Fédération Française des Associations et Amicales du malade, insuffisant ou handicapés respiratoires www.apneedusommeil.net/ and others.
News from WHO

The 2009 World Health Assembly (WHA)
The Assembly met for only one week from 18 to 22 May 2009 at the Palais des Nations in Geneva.

Earlier Assemblies lasted three weeks, reduced to two weeks since 1987. Member States had agreed to shorten this Assembly from nine to five days in order to allow senior officials to return to their home countries to help oversee preparedness for a possible influenza pandemic.

In her address to the Assembly, Dr Margaret Chan, Director-General, noted that the world was facing multiple crises, including the financial crisis and global economic turndown, and the prospect of the first influenza pandemic of the century. She said that concerns about the pandemic should not overshadow, or interrupt other vital health programmes. She said that the decision to declare influenza as pandemic was based on the scientific information available, and would be followed under the advice from an Emergency Committee, a body of international experts established in accordance with the International Health Regulations.

Among the resolutions adopted by the Assembly, one endorsed an action plan to expand efforts to eliminate avoidable blindness by strengthening national eye health programmes. Another included a work plan to scale up WHO’s technical assistance to countries to assess and address the implications of climate change for health and health systems. Other resolutions dealt with prevention and control of multidrug-resistant tuberculosis, and with traditional medicine. Delegates expressed deep concern with continued polio transmission in endemic countries but reiterated their firm commitment to the goal of global polio eradication. Due to lack of time, two significant resolutions were postponed to 2010: The A62/18 on “Strengthening the capacity of governments to constructively engage the private sector in providing essential health-care services” and the A62/39 on “Partnership”. They both are in tune with the PPP world trend (Public Private Partnerships). A62/18 puts the accent on “trustful cooperation” to “facilitate exchange of experience” and “policy dialogue” among a variety of “partners” “from faith-based and other nongovernmental non-profit organisations (…) to private-for-profit firms”. A62/39 mentions the same partners with the exception of faith-based organisations but says in addition that “in some cases, WHO agrees to host a formal partnership” (including providing a secretariat). Both assure that such partnership shall “be in accordance with WHO Constitution”. Neither makes any reference to the other.

For the first time in WHO's history, after twelve failed attempts, Taiwan was invited to attend the WHA as an observer under the designation “Chinese Taipei”. This was seen as the result of improved relations between China and Taiwan. The Chinese Health Minister shook hands with his Taiwan counterpart at the opening of the Assembly.

A brief incident interrupted the second plenary session of the Assembly on 18 May 2009. Supporters of the Liberation Tigers of Tamil Eelam (EETA), protesting outside the Palais des Nations against the election of the Minister of Health-care and Nutrition of Sri Lanka as President of the Assembly, violently entered the well-protected Palais, but were then expelled by the security personnel of the UN and the WHO.

Reviewing the flu porcine situation

As you already know, the Director-General has decided to raise the global pandemic alert level to phase 6. This means that there is sustained community transmission of the virus in countries in at least two WHO regions. The term “pandemic” carries no connotation of severity. On present evidence, the overwhelming majority of patients experience mild symptoms and make a rapid and full recovery often without any treatment. Only about 2% of cases have developed severe illness. As the situation is rapidly evolving, it is not possible for us to have you updated on the pandemic. To follow the situation, please regularly visit http://www.who.int/csr/disease/swine_flu/en/index.html

Y. Beigbeder

Association of Former WHO Staff
Memories of WHO

Recollection of the International Conference on Health, New York, 1946

On 22 July 1947, the International Conference on Health, which met in New York from the 19 June, approved and signed the final text of the Constitution of the World Health Organization. Fifty-one Member States of the United Nations were represented. Dr Chefic Tréfi represented Syria. His son relates:

One of the strongest memories of my childhood was my father’s triumphant return home after having represented Syria at the International Conference on Health in 1946. He came back to Latakia, his home-town, through the port of Beirut. He was a child of the country who returned after a prestigious mission to the United Nations. All the members of his extended family were present at the port of Beirut to receive him and many more had travelled to the Lebanese border (55 miles) to welcome him. These pictures are still vivid in my memory, in particular his arrival in Latakia where he walked the last 500 yards to my grandfather’s house with a small group of people and riders on harnessed horses.

My father, a pupil of the Jesuits, had studied in Beirut then in Paris at the beginning of the 30’s. He had accepted several positions in Syrian hospitals at Homs and Aleppo. For three years he had been in the USA (University of Columbia in New York) heading a delegation of twelve Syrian doctors called to run Syrian hospitals after independence and the departure of the mandatory power, France. It was in New York that my father had been charged by his government to represent Syria to the International Conference on Health held in June and July 1946. He considered that this had been for him the culminating point of his career, and he was very proud of it. He always regretted not having pursued that direction. He tried vainly everything he could to push Beirut as the choice of WHO’s middle-east headquarters, but it was Alexandria in Egypt that was chosen. He was bitter towards the Egyptian delegate who oriented this choice.

At that time methods of communication were very modest and slow and news arrived with two weeks’ delay.

Together with my brother and sisters I was in France at my maternal grandparent’s, my mother being French. I have a moving souvenir of a message recorded by my dad on a vinyl record. It was incredible for the time. We listened to it We had heard him dozens of times so much that the text remains engraved in my memory: “My dear little wife, my little children, I am far from you but I often think of you. I represent my country at the World Health Organization in New York. It is an honour for all the family. Work well my children in order to earn the honour of the country”.

This brief but important period of WHO in my father’s career, remained his absolute pride even though later on he occupied important positions: head of Razy (Razef) hospital in Aleppo for many years, then Director General of Health of Aleppo and the Northern region. He remained bitter not to have been able to pursue a career with WHO which would have corresponded perfectly to his ideals since he was unselfish, always seeking the common interest and social justice. His greatest happiness was the inauguration of health centres and small hospitals serving the population of the region of which he was in charge (1.5 million inhabitants). In 1947, he had been elected honorary member of the American Medical Association.

My father died in 1976. Two of his children and three of his grandchildren have become doctors. Being the eldest, I considered a career with WHO at the end of my studies in Lyon (1966). The doctor who received me in Geneva discouraged me, pointing to a pile of files saying: “This is my medi-

Right : Dr C. Trefi, Délégué de la Syrie ; left, Dr H.S. Gear, delegate from South African Union

the text remains engraved in my memory: “My dear little wife, my little children, I am far from you but I often think of you. I represent my country at the World Health Organization in New York. It is an honour for all the family. Work well my children in order to earn the honour of the country”.

Dr Tarek Tréfi (retired gynaecologist), Avignon, France
In August 2008, the Association of former WHO staff members launched, within the framework of the “Global History of Health” initiative, the project “Remembering the Past”.

The project aims to reach colleagues who have served in a great variety of functions from support services to professional staff. More than half of the persons interviewed were not of the “upper echelons” of the organization. They were the foot-soldiers of WHO, those who put in motion the programmes and activities.

Each recollection of the past of a former member of WHO is obtained on the basis of a list of questions prompted by several exchanges of electronic mail with an AFSM interviewer. The final stage of the exchanges allows the person interviewed to verify and correct the last version of the text and once satisfied to sign a release form. The final texts of the interviews are kept by the AFSM project “Remembering the Past”.

Since April 2009 thirteen recollections deposited in one of the special collections in the WHO Archives are available on AFSM’s website (http://www.who.int/formerstaff/history/authors/en). Other recollections will be progressively added to it.

This collection is an effective way not to let fall into oblivion information of an historical value. Furthermore, it favours contacts between former members of staff. The stories are not biographies retracing the totality of a life. The most important part concerns the period spent with the organization. The personal period before recruitment and that after retirement are the back-cloth.

A variety of the authors’ activities render the texts very different and fascinating. Nearly all the people interviewed have substantial experience in the field and Regional Offices. As one person said, “there exists a schism between the problems of headquarters and working in the field”.

Modestly, they do not pretend to have had much influence on major decisions. That has not prevented them, however, from casting realistic, pertinent and sometimes amused glances at the hierarchy. They readily refer to the personalities whom they have respected and describe their qualities. They try to avoid criticising too loudly the others – “little” or “big” chiefs! Perspicacity, honesty, and often humour are everywhere in evidence in the texts. The larger WHO projects such as Health for All or Primary Health Care do not escape their critical eye.

Whatever their grade in the hierarchy, the authors point out the negative effects of the unbalanced rise in extra budgetary funds, “He who pays…!” They give examples of all sorts of pressures (political, economic, etc…) which always remain round the corner.

Family life was not always easy. An author who was a frequent traveller regrets that his children “felt somewhat detached from this visitor just passing through”.

We have noted records of professional longevity. For example, a participant who entered WHO in 1951 continued collaboration with the organization until 2004. Read the texts, they will delight you. We hope that reading your colleagues’ recollections on our website will be sufficient motivation for you to participate in the project and to share with us YOUR experience of YOUR WHO.

Please contact AFSM (guilbertji@yahoo.fr) for further information and to give us your comments.

A last quote to conclude: “Many of us thought in 1976 that a Nobel Prize should have honoured WHO for the eradication of smallpox”. Why not? Is it too late? J.-P. Menu

1 This project completes the project “Oral History” initiated by Carole Modis
In memoriam

Mrs Jean Ellermann-Ravn passed away on 12 March 2009

Dear Friends,
As you can well imagine, it was a terrible shock to read a mail yesterday from Carl Ellermann-Ravn, Jean’s husband, informing me that Jean had died in hospital yesterday after sudden heart failure four days ago.

Jean was such a steadfast and loyal friend, and I shall miss her soft Scottish brogue, and her wonderful sense of humour. We were in regular contact and spoke on the phone only fourteen days ago. I am sure that many other former colleagues will feel sad when they read this message.

Carl is, of course, in a state of shock, but we are keeping in touch both by mail and on the phone. Jean will be cremated and laid to rest near her brother in Cardross, and a memorial service will take place in Oban. Jean’s sister-in-law and Carl’s daughter will attend the funeral. Jean and Carl made many friends in Scotland; they too will be shocked and distressed.

I have agreed with Carl that flowers will not be sent, but that those of you who wish to do so can make a donation to the Scottish Society for the Prevention of Cruelty to Animals. The address is Scottish SPCA, Braehead Mains, 603 Queensferry Road, Edinburgh EH4 6EA. The phone number is 0044-131 339 0222, and the Internet address is http://www.scottishspca.org.

This is what Jean would have wanted as she loved all animals.

Kind regards,
Jill Conway-Fell, Byporten 96 2970 Horsholm +45-25792454 e-mail: conwav@qet2net.dk


As a young man, his talent at athletics gained him a place in the British Olympic team, but the outbreak of war in 1939 denied that promise. It also shortened his medical training at St Bartholomew Hospital, London from six years to three. He was drafted into the British army in 1944.

In 1945, a posting to Egypt and Palestine changed the direction of his medical career. At the military base at Qastina, Palestine, Mac set up a free clinic in the nearby village of Yasur for people unable to afford medical care. On his release from the army in 1947, he would enrol at the London School of Hygiene and Tropical Medicine.

In 1948 Mac was recruited by the British Colonial Medical Research Service and became the director of a successful project to eradicate malaria in Mauritius. On his return to England, he rejoined the army, and was posted to Singapore in 1953. For his work in Mauritius and later in Singapore, where he set up an effective Research Unit to study and control insect-borne diseases, he was awarded the MBE by the British Government in 1958.

In 1957, Mac joined WHO as the new regional malaria adviser for AFRO, Brazzaville and in 1962 moved to Lagos, Nigeria as the Director of the WHO Malaria Training Centre. He also established a similar centre in Lomé, Togo for francophone Africa.

In 1965, Mac returned to Europe, joining the HQ Education division led by Dr. Braga. From 1981–1996, Mac established the pioneer Health Learning Materials (HLM) programme, to support the WHO six regional offices and 32 priority countries, especially in Africa, in developing appropriate and effective materials for training and teaching health professionals. The HLM programme generated its own funds and evolved from a small clearing-house based at HQ into the establishment of national knowledge hubs in health teaching.

Colleagues as well as friends from all over the world, whose lives he touched, will remember him with great fondness and respect. He exemplified all that was best in public service. He will be dearly missed by family, friends and former colleagues.

Hugh, Robert and Michael Dowling, Mayada Yousef Fox, Roberta Ritson

RED: Many AFSM Committee members were his direct colleagues, and join to this homage. Thank you Mac!
Mrs Kudsieh Ezzeddin Metwalli passed away on Monday, 8 December 2008 at her residence in Alexandria after a period of ill health.

Mrs. Metwalli joined the Arabic translation services of the Regional Office for the Eastern Mediterranean in the mid 1950s and was later appointed as Administrative Officer in the office of the Regional Director where she remained until 1981. From March 1981 she was reassigned to headquarters as Conference Officer, a post she held until June 1988 when she proceeded on early retirement. Subsequently Mrs. Metwalli resumed employment in EMRO on short term contracts until 2000, providing support to the Regional Director’s office.

Advising the staff of the Regional Office for the Eastern Mediterranean of the passing away of their former colleague, Dr Hussein el Gezairy, Regional Director, re-called her effectiveness as one of the pillars of the Organization and her contribution to all aspects of the work of the Office in bringing about change, and developing and maintaining a high level of discipline and efficiency. “Her former colleagues” he said, “remember her as a solid and pleasant personality, a friend and mother, dedicated to her family and to the work of the Organization.”

On the personal level, I remember the kindness and support shown to me by Khudsieh and her family during the years I spent with EMRO. And on the professional level, I remember with appreciation and admiration the energy and rigour Kudsieh brought to her work.

Rosemary Villars (based on Regional Director’s Circular No. 862 dated 11 December 2008)

Other deaths recently notified

Johanna MARTENS, 17.04.2009
Ljuba VESELY April 2009
Janine Cohanier

Mr Rangaraj GOVINDRAJ ARCOT 23.03.2009 in Bangkok
Einar Sigurd ROED 11.04.2009

Readers’ Corner

Dear Editor,
In your Editorial of QNT 75 you mention that you hope to receive more souvenirs and anecdotes relevant to our years of service, so here are a few of mine, still in my memory after retirement in 1977.

The photograph on the front page of QNT 73 made me sit up – I was there, looking at those children in their lovely costumes when the picture was taken many years ago.

And then, other memories popped up. Like at one session of the Executive Board (I was working with Mlle Hermance Lapérouse, dealing with draft resolutions) when the question of “anti-tabac” first arose. One Member proposed smoking should be allowed “only in private by consenting adults” (Anglophones will smile). However, it was decided that smoking would be banned during committee meetings. Whereupon all the ashtrays were immediately removed – and then there was nowhere to put our paper-clips!

On another occasion, the members could not agree on the wording of a particular draft resolution, and numerous amendments were proposed, plus amendments to the amendments, etc., each one having to be translated into the other two working languages. Dr. Dorolle was getting more and more impatient, and muttered some words to the effect that they should all be bound “avec la peau de leur c...”!

Trifles, but happy memories!
Greetings and thanks to you all.

Eveline Watts One time Admin. Assistant Health Manpower Development
New members

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

Life members:
Hussain ABOUZAID; Hanne CHRISTENSEN; Allan SCHAPIRA; Jacqueline STONE.

Annual members:
Alberete Betty GEZEN

Conversions from annual member to life member:
Isabelle Frances ALEXANDER; Georg AXMANN; Jacqueline COLLET; Marguerite GOMEZ CRESPO; Robert DASPRES; Ernest DAYER; Stella DECK; Pia Monica ELMIGER; Christine GRAY; Ranendu NATH; Marie-Thérèse PANAYOTTI; Geneviève PERROTIN DRAEBEL; Françoise ROMAGNAN.

Corigenda: Faustino BAGNARA was wrongly registered as an annual member; in fact, he is a life member since 1985. John WRIGHT is a life member since May 2008.

News from our retirees

Arnold Wilson, former Sanitary Engineer, feels quite lonely now that he is retired in an old person home. He certainly would enjoy very much to be visited by friends and colleagues. It would be a small service to drop in occasionally and give him news of AFSM.
Jardin du MontBlanc (chambre 119) Chemin Decotis 4 ; Ville-la-Grand (tél : 0033 450845116)

Brian Doberstyn, at his last post WR in Thailand, retired in Chiang Mai and started the Dhulabharton Foundation to enable poor and handicapped Thai children to have better access to primary education. He certainly would like to be contacted by WHO colleagues to help him to think through the issues at hand; the challenge is huge and will need much support. Jo KREYSLER visited Brian last March/April and says he is determined to help him as much as possible in his endeavour.

Brian may be joined via e-mail: doberstyn@gmail.com. tel.home +6653397513, fax: +6653350303, handy: +66871830710.

Information from VERF

2009 VERF (Voluntary Emergency Relief Fund) Booksale

The VERF book sale which took place on Monday 12 and Tuesday 13 March 2009 raised the unprecedented amount of CHF 15 446.65 !!! A great thank you to all our former colleagues who gave books on that occasion and purchased others. The VERF Committee is especially grateful to those who helped at all stages: sorting out, pricing, selling, repacking and cleaning of the room. Their assistance proved invaluable in making the sale such a great success.

Contributions are welcome in the VERF UBS bank account:
in Switzerland: D3587161.0 bank code: 0279
from other countries : UBS account D3587161.0 bank code: 0279 IBAN (International Banking Account No): CH88 0027 9279 D358 7161 0
SWIFT address (BIC): UBSWCHZH80A
**QUARTERLY NEWS READERS’ SURVEY**

Thank you for completing this survey and mailing it as soon as possible before 31 August to:

AFSM/AOMS, Office 4141, WHO, Avenue Appia, CH1211 Geneva (Switzerland)

Dear reader,

The *Quarterly News* has been created to strengthen the links between former WHO staff members. In order to better fulfill this objective, we are now requesting your opinion and suggestions. We would be delighted if you could spend some time answering the following questions. You may wish to remain anonymous but it would be helpful if you could identify yourself.

**About yourself:**

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<td>Do you have access to Internet and do you have an email address. If so, do you read the QN on the AFSM website?</td>
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<td>Do you consult the AFSM website <em>(frequently, sometimes or never)</em> What for and what is your opinion of it?</td>
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<td>Do you share your copy of the QN with former colleagues and friends?</td>
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**Optional**: your name and email address :

**Your opinion on the format:**

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<td>Do you prefer it bilingual <em>(as now)</em> or only in one language <em>(English or French)</em>?</td>
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Your opinion on the general presentation and contents:

Contents: Please mark the following topics as follows: from 0 *(no interest whatsoever)* to 3 *(indispensable)*. Your Comments and suggestions will be most useful to us. Do not hesitate to add additional pages.

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Any additional comments and suggestions, including your general opinion on the QNT:
Travels

As already indicated on pages 2 and 3, the trip to Portugal went off very well, perhaps a little tiring at the end during the extension to Lisbon, due to the tightly packed schedule of visits which were, nevertheless, extremely interesting.

As a river cruise combined with excursions was very much appreciated by all the participants, we have decided to repeat the experience; hence, the next trip to Croatia will be a coastal cruise, with excursions to the islands and interior of the country, plus a trip to Montenegro.

The dates have also changed as many people who put their name down for September have withdrawn in favour of the spring.

The new programme and dates are given below (dates subject to change) prices: (p/pers: flight+superior deck, all inclusive (full board including drinks and coffee): maximum 1'750 €; lower decks cheaper; single + 438 €). Excursions package: 180 €


The trip departs from Lyon (France). We can rent a bus from Geneva to Lyons.

Day 1: Lyon – Dubrovnik
Day 2: Dubrovnik – Mljet
Day 3: Mljet – Korcula
Day 4: Korcula – Sibenik
Day 5: Sibenik – Trogir – Split
Day 6: Split – Hvar – Vis
Day 7: Kotor – Dubrovnik
Day 8: Dubrovnik – Lyon
(Lyon- Geneva by bus).

All details will be given in the next edition of the QNT (No 77).

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Pre-booking form (without engagement)

I am interested in the trip to Croatia:

Name: Forename: 

Number of persons: 

Tel: Email:

Date and Signature:

Reply by email or mail (no telephone calls, please)

Association of Former WHO Staff
Joining AFSM – Updating membership

**THIS FORM IS NOT FOR THOSE WHO ARE ALREADY LIFE MEMBERS.**

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

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

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

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

*(Please fill in the application form below)*

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

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

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

_________________________
APPLICATION to JOIN

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

Address:
Postal Code ………………. City………… Country…………………………………………………………………………

Phone ………. Fax ………………. e-mail ……….

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

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

I should like to receive documentation in □ English □ French

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