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


Aapllttooq, Greenland.

A photo from Tanja Sleeuwenhoek’s trip in Iceland and Greenland. Other photos and the tale of this trip will be published in QNT111

We wish you a happy New Year 2018
Some photos from the Annual Reception on 19 October
EDITORIAL

Dear readers,

It is now 15 years since I took on the editorial and layout responsibility for the Newsletter. I started with No. 51 and I have been doing it ever since (with the exception of Nos. 56 and 57 which were handled by Laura Ciaffei).

With the Editorial Board we have done our very best to improve the Newsletter, both in terms of presentation and content. I believe we have succeeded judging by the favourable comments from readers.

But, like all good things in this world, everything must come to an end.

The work of editor-in-chief combined with the task of preparing the layout is a time-consuming job. After much reflection I have taken the decision to "retire" and to hand over the task to a "young" person. I will of course continue to be part of the Editorial Board and will still write the articles on medical matters.

Keith Wynn has agreed to take over from me, I am sure he will strive to maintain and improve the quality of our newsletter.

In this edition of the newsletter we print the report of the General Assembly that took place on October 5th (the photos have been published in QNT109 and the report is on our website); you will also find pictures taken at the annual reception on October 19th.

My best wishes to the new Editor.

David Cohen

Keith Wynn

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,
Pensions:(contact by email is no longer possible)
Write via the “Contact us” link on the Fund’s website: https://www.unjspf.org
Geneva tel.: +41 (0) 22 928 88 00
New York tel.: +1 212 963 6931
Remember to have your Unique ID number handy or your Pension Fund reference number
How to grow older in good health?

Ageing spares no one: it is a process inherent to every living being and inescapably ends in death. We will not deal here with the mechanisms of ageing, which are extremely complex and over which we have not found a means to exert any control.

We do need to understand that ageing can be either normal or pathological, and that in either case, to a certain extent, we can take actions to make it more bearable.

Ageing, as all of us will have noticed varies according to the individual: some people age quickly, others more slowly; there is also a variance between the organs and the functions within the same person – for some their hearing will become impaired or they will become visually impaired, or become sexually diminished, all the while maintaining perfect mobility. For others they may suffer from an early loss of mobility, whilst maintaining excellent hearing or freedom from other complaints.

This is normal ageing.

Pathological ageing unfortunately adds to the burden of these normal ageing processes through diseases and syndromes which, although not necessarily related to age, are appearing more and more frequently due to the ever-increasing numbers of elderly people. These diseases and syndromes include Parkinson's disease, Alzheimer's disease, age-related macular degeneration, etc.

What can we do about ageing? Should we just accept it without taking any action? Certainly not!

Ageing needs to be tackled well before it begins. It's about embracing a healthy lifestyle that has three main thrusts:

1. A balanced diet avoiding excess salt, sugar, and fat. A diet that is based on vegetables and fruits, fish, small amounts of meat, in order to prevent becoming overweight; no or little alcohol; no tobacco in any form.

2. Regular physical exercise, focusing on improving endurance. Avoid inactivity and lack of exercise at all costs.

3. Mental attitude: It is essential to continue being curious, to be interested in many things, to enjoy a hobby, to have as rich a social life as possible and, I would add, to be optimistic, to say that life is worth living, despite everything, and as difficult as that may be.

That is why I believe that first and foremost, you need to maintain a positive outlook and to say that, above all, consider it is an luck to grow old.

I would even go further and state that the most aspect is: to want to live in spite of the difficulties and any decline in strength, to continue to be interested in life going on around you until the last moment, for as long as one is still able somehow to "stay on top of the game".

As an author known for his aphorisms might have said: "A quarter of an hour before his death, he was still alive."

For those who live in and around Geneva:

A seminar gathering AFSM, AAFI-AFICS, ILO, and ITU will deal with this topic on April 19, 2018. A summary will appear in the next issue of QNT.

Dr David Cohen
Information on recently held meeting of the Global Oversight Committee

The Staff Health Insurance (SHI) Global Oversight Committee held its 9th meeting in WHO Geneva on 16 and 17 October. Retired staff elected representatives (Ann Van Hulle (member) and Hilary Wild (alternate member)) attended. Hilary recently replaced Clas Sandström who resigned from the Committee. Clas was thanked by the Committee for his valuable contribution to its work over the past few years. As I have mentioned previously, the Committee consists of several senior WHO staff members as well as external advisers with expertise in health insurance. As and when required, other experts such as actuaries, investment managers etc. also advise the Committee which in turn acts in an advisory capacity to the Director-General who takes the final decisions.

At this meeting, the Committee focused in particular on the following matters:

- Long-term Care
- Revisions to the SHI Rules
- Financial matters related to funding of the SHI
- Implementation of Internal and External Audit Recommendations
- Standard Operating Procedure (SOP) in cases of fraud/suspected fraud
- Medical Adviser’s Report
- Status of Telemedicine Project
- Status of Case Management Project
- Governance matters
- SHI structure in the regions
- Personnel matters
- Situation regarding the selection of the USA claims administrator

Discussions on all of the above subjects were lively. The following is a summary of the key points:

As mentioned in my report on the 8th meeting of the Committee, an in-depth study on Long-term Care had been prepared by a WHO consultant. The Committee was now presented with a package of proposals based on the findings of that study. The aim of these proposals was mainly to allow persons requiring assistance with daily living tasks to remain at home if they so wished rather than being placed in a nursing home or other institution. By facilitating their life at home, the need for hospitalization of such persons should be reduced as a result. The SHI already provides reimbursement for long-term nursing care up to a maximum of USD 100 per day but this does not provide any assistance for other non-medical care and home appliances. Clearly, there are limitations on reimbursement of long-term care costs bearing in mind that the SHI is faced with the challenge of funding future liabilities as the number of retired staff increases compared to active staff.

Before taking any decision on the proposals, the Committee felt it would be prudent to have an expert opinion from the actuaries on the financial impact in the medium to long term. The Committee will revert to this matter once this financial information is available.

The Secretariat presented a number of rule changes to the Committee. Most of the recommended changes were aimed at clarifying existing rules or modifying the approvals required. Details of these changes will be communicated to all participants by the Secretariat once the Director-General’s decision has been taken. It is very important to read the revised rules very carefully to know when special or prior approval is required for treatment or hospitalization as the conditions may have changed under the revised rules. It is also important to look at the rules to ensure that you are aware of any ceilings before undergoing treatment as they may also have changed.

The Committee discussed a series of funding scenarios of first and second-tier contributions (as defined in the SHI Rules (F2 and F3 of Part F)) as well as funding for future liabilities. As these would imply a significant departure from financing mechanisms in force up to now, the Committee decided to establish a Working Group to study the implications in depth and
come back with proposals to the Committee. Retired staff representatives will participate in the work of this group.

The Committee reviewed the status of implementation of internal and external audit recommendations with the participation of the Director of Internal Oversight. It was satisfied that implementation is on track.

The Committee also reviewed a standard operation procedure for dealing with cases of fraud which include disciplinary measures to be taken. These include the possibility of exclusion from the SHI for a participant who has attempted or committed fraud.

The recently appointed Medical Adviser submitted his report to the Committee. In addition to advising the SHI Secretariat on individual cases, the Medical Adviser plays an important role in advising on cost containment, preventive measures, health promotion etc. Medical reports submitted to the Medical Adviser are strictly confidential and should be submitted to him directly. A dedicated email address (shimedicaladviser@who.int) has been created for this purpose.

A telemedicine project is under consideration in line with other international organizations who have already some experience in this area or who are also studying the possibility. The scope of the project is to provide remote medical and paramedical advice. Hospitalization is not within the scope of the project.

The SHI Medical Adviser also made an interesting presentation on the Case management pilot project. The project is aimed not only at controlling costs through management of various cases, particularly expensive treatments and long-term hospitalizations, but also ensures that the SHI participant has access to advice. It ensures that the patient’s hospitalization is not prolonged unnecessarily if an alternative would be more appropriate. The Medical Adviser bases his opinion on the medical information provided by the treating physician/surgeon etc. So far, the findings have been positive and the interaction between the Medical Adviser and the participants has been appreciated. The Committee will continue to monitor progress on this project.

The Committee reviewed attendance of members at meetings of the Governance Committees (Global Oversight Committee and Global Standing Committee). In general, the level of attendance was highly satisfactory. However, regional participation in some meetings of the Global Standing Committee was a challenge. Measures were being taken to encourage regional offices to give priority to SHI global committees.

The Committee reviewed the structure of SHI in the regional offices. All WHO regional offices have their own claims processing centre but the structure of the SHI team varied from one region to another. A move towards harmonizing the structure was considered desirable. The role of the HQ SHI in ensuring consistency in application of SHI rules globally was also discussed.

SHI claims in North America are processed by a third-party administrator (TPA) whilst those of South America are processed in-house in PAHO. The PAHO Administration have launched an offer for this important task bearing in mind that the current TPA for North America has been contracted for several years already. The selection process is near to finalisation. PAHO participants will be informed in due course about the selected provider.

Thanks to careful preparation by the Secretariat and senior WHO administration, the meeting was conducted in a professional manner as usual. There was also a spirit of collaboration between the participants knowing that we share a common interest, namely of an effective and prosperous Staff Health Insurance capable of meeting the needs of all participants in the short, medium and long term.

The next meeting of the Committee will be held in June 2018.

Ann Van Hulle-Colbert
Reimbursement claims – Give consideration to authorizing your spouse and/or giving power of attorney to another person

We draw your attention to paragraph C.10 of the Staff Health Insurance Rules which stipulate: “Claims forms must be signed by the staff member (or former staff member or surviving family member), except if as a consequence of a serious accident or illness the staff member (or former staff member or surviving family member) is not in a position to attend to their personal affairs. Claims may then be made by their legal personal representative or in exceptional cases by a person acting in a fiduciary capacity on their behalf”.

Furthermore, since 1 July 2017, a new subparagraph C.10.1. indicates: “Subject to the staff/former staff member’s prior written approval on a form provided by the SHI Secretariat, the SHI Officer in HQ may provide information to his/her spouse regarding SHI matters on behalf of this staff/former staff member.”

The SHI Secretariat have informed us that the use of this form is not necessary and that you are simply required to give written authorization (an e-mail will suffice) to allow Staff Health Insurance to communicate with your partner.

Consider also designating a legal representative who can sign your claims, “just in case”. You have two options:

1. If you choose a close relative (spouse or a son/daughter), the procedure is quite straightforward. You can simply send a letter to the SHI authorizing the chosen person to submit claims on your behalf. Make sure you attach a copy of an identity document of that person.
2. If you choose a person other than a close relative, you must have the authorization endorsed by a solicitor (legalized proxy) before sending it to the SHI.

Do not wait until it is too late, we urge you to do it now!

If you require additional clarification, you may contact SHI (see page 3 of this issue) at any time.

Jean-Paul Menu

(see on page 14 the announcement of Vincent Huguet’s death, whom all SHI retirees knew and very much appreciated).

As there are no bright planets around in the night sky at the moment, this is a time for stargazing pure and simple. We see the stars as if they are all the same distance away, but of course this is not the case and you have to use a bit of imagination to see this.

Look first at Sirius, the brightest star in the sky, which is due south in mid evening in February (or due north in the southern hemisphere). Sirius is one of the closest stars, at just eight light years away, which is one reason why it appears so bright. Actually, it is a fairly bright star in its own right, at around 25 times the brightness of the Sun. Now look at the constellation of Orion, with its three stars in a line which form Orion’s Belt, surrounded by a large quadrilateral of stars. The brightest of these, at the south-west corner of the quadrilateral, is Rigel. It appears just a little less bright than Sirius, but it is actually 100 times farther away, at about 850 light years. To achieve this brightness in our sky it must be tremendously powerful, and in fact it is some 200,000 times as bright as the Sun. The other bright stars of the Orion pattern are also scorchers, and all are particularly massive stars. So now you can view the stars in, quite literally, a different light.

To find out more about astronomy, visit the Society for Popular Astronomy’s website, www.popastro.com

Article kindly provided by the British Society for Popular Astronomy
In November, WHO drew attention to the problem of air pollution which affects nearly all of us. An estimated 6.5 million deaths were associated with air pollution in 2012 which represents 11.6% of all global deaths.

- World Antibiotic Awareness Week was 13-19 November, based on the theme of seeking advice from a qualified healthcare professional before taking antibiotics. This not ensures that you and your family get the best treatment but also helps to reduce the threat of antibiotic resistance. A report launched by WHO on 20 September (Antibacterial agents in clinical development – an analysis of the antibacterial clinical development pipeline, including tuberculosis) shows a serious lack of new antibiotics under development to combat the growing threat of antimicrobial resistance.
- 14 November was World Diabetes Day: WHO joined with partners around the world to highlight women’s right to a healthy future. Around 8% of women worldwide live with diabetes, over half of whom are in South-East Asia and the Western Pacific.
- The first WHO Global Ministerial Conference on Ending Tuberculosis in the Sustainable Development Era: A Multisectoral Response, took place in Moscow on 16-17 November and culminated in a declaration by 75 ministers to take urgent action to end TB by 2030.
- A special session of the Executive Board took place on 22-23 November to review the thirteenth General Programme of Work.
- The World malaria report 2017 issues a wake-up call for the global health community as progress in malaria control has stalled: there were 5 million more malaria cases in 2016 than in 2015, and roughly 445 000 deaths – a similar number to the previous year.
- The World AIDS Day campaign on 1 December 2017 focused on the right to health.
- Regarding health emergencies, WHO has, inter alia, been working with partners in Madagascar to control plague, in the Syrian Arab Republic to reinforce health care services, on the Uganda-Kenya border to contain an outbreak of Marburg virus, in the Rohingya camps in Bangladesh to immunize against cholera, to provide medical supplies to Yemen, to immunize against yellow fever in north-eastern Nigeria, and to provide medical supplies for the wounded in the earthquake in Islamic Republic of Iran and Iraq.

The changing face of WHO/HQ and the consequences for parking

As readers are aware, the headquarters campus is changing. The journey will take 8 years and will be conducted in two major phases. The first phase is about to begin and the C and X buildings will be removed. The construction of the new, state-of-the-art building is starting and will continue throughout 2020. Upon completion of the new building in 2020, staff from the existing main building will move to the new building while the main building is fully renovated. In 2024, once the renovation of the main building has been completed, the L and M buildings will be sold and staff will be housed in the main and new buildings.

- The basement corridor which currently links the main building with the L and M buildings will soon be closed to enable construction of the new building. This corridor is being replaced by a passerelle (see the photo) which will link the first floor of the main building to the second floor of the L building without a slope. The passerelle has already been dubbed “the Milky Way” and it is planned to stay in place for the duration of the renovations until 2024.
- These changes have important consequences for the number of parking spaces and provisional parking measures have been put into place from 1 December for a period of six months. As from January 2018, the 130 above-ground spaces by building C will be closed. Staff who pay for underground spaces are able to use the same car park (except under building X which is closed) but there are no more designated spaces and barriers have been put in place - access by staff is with their ID badge. Above-ground parking remains first come, first served. There are also barriers for the above-ground parking by the L and M buildings but no barriers at the main entrance of the campus which allows for parking in front of the main building.

Former staff are therefore strongly encouraged to use public transport when visiting headquarters. If this is not possible, retirees may only park above ground (if there is space) in front of the main building. The retiree courtesy badges will not open any barriers. 

Sue Block Tyrrell
Readers’ Corner

Death of a retiree, suggestions to inform and prepare the surviving spouse and beneficiary.

In QN issue No. 107 of April 2017, in the article “Formalities in the event of the death of a WHO retiree” we were reminded that in order to obtain payment of the pension, upon the death of the retiree, the entitled spouse should, as soon as possible after the death, send the Pension Fund as well as the WHO Staff Health Insurance different documents as described in the article.

It may be time-consuming to gather all the documents required and complete all the formalities, thus incurring delays in receiving the pension and causing unnecessary stress to the person concerned, particularly in cases when an isolated person would find it difficult to obtain the documents.

I therefore suggest that precautions should be taken and the documents prepared in advance and kept safely. One should know where and how to authenticate one’s signature.

With regard to the Pension Fund, it is already possible to prepare the procedure. One can already register on the UNJSPF site and e-mail the Caisse a copy of the passport or ID card and a copy of the marriage certificate and birth certificate of the entitled spouse. The forms concerned, Pens E2 and PF23 can be retrieved from the site.

Alternatively, a retiree could constitute a paper file containing all the required documents and information, including Pens E2, ready for dispatch as and when needed.

Michel Fèvre

Dear Dr Menu,

Good day, hoping that you are well and enjoying good health. Today, 25 November 2017, I have transferred the sum of USD 200 as my contribution to the AFSM QNs through the Arab Bank in Beirut. A copy of the Transfer Issuance Application is attached for your information. I also wish to seize this happy occasion to convey to you and to all the executive members and their families my wife Leila and my sincere good wishes for the coming X-Mas and a very happy New-Year praying to God to provide you all with good and long healthy and happy life.

Dr. Khaled Mneimne
B.Sc.; CTCMed.&H (UK); M.Sc.; Ph.D/Public Health (Former WHO(UN) EMRO Regional Adviser (EDH), & WHO Coordinator, North Iraq
Consultant in Community Health & Development of Human Resources for Health; Member of AFICS Executive Committee (Beirut Chapter)
UN House & c/o WHO Office Beirut, Lebanon

Dear Dr Mneimne

It is always a great pleasure to hear from you at the end of the year and to receive your most generous contribution to our Quarterly News.

We wish you, your wife Leila and all your family the very best health and peace in those troubled times for your beloved country.

Jean-Paul Menu

On seeing the photo of the new DG...

Dear QNT team,

Firstly, let me take this opportunity to thank you all for your hard work in keeping us up to date with events in WHO. I wonder whether others had the same reaction as I did on seeing the photo of the new DG. My mother always used to say that you knew you were getting old when policemen all seemed young. I guess the same phenomenon applies to DGs as well. Long gone the days when the DG was an ancient and venerable figure! I am sure he will need all the energy and determination he can get, and wish him the very best in a world that seems to be getting more complicated than ever.

Mary Roll-Vallanjon
Meeting of Former WHO Staff living in Thailand

If I am asked what aspect of my work interests me the most, helping former WHO staff is certainly up there in the top three. So, what is my position? I am the Administrative Officer of the World Health Organization Country Office in Thailand, a post I have occupied since June 2013.

At the end of his term as Regional Director for South-East Asia, Dr. Samlee Plianbangchang, who had returned to Thailand, his home country, would contact me from time to time on administrative matters. On one occasion he suggested that we organize a meeting with the former staff members of WHO living in Thailand. That meeting took place in November 2015.

This was an opportunity for me to have a more personal contact with the retirees some of whom I knew only by name. I decided to be more involved in my work with these retirees, including helping to provide them with more effective administrative support for Staff Health Insurance (SHI). Accompanied by my colleague Ms Lapasrada Tangjaroenstuk, who works in budget and finance, we have visited former staff who have been hospitalized and helped members of their family in sometimes complex administrative procedures.

When a retiree needed a type of blood that was quite rare in Thailand our office became intensely involved. Through numerous appeals to the UN and the expatriate community in Bangkok, and in close collaboration with the Red Cross, and above all through the dedication of my office colleagues, we succeeded in obtaining the required blood.

This year, with the implementation of the "SHI Online" platform, I decided we needed to organize another meeting of former WHO staff. First my team helped me compile a more up-to-date contact list of retirees living in Thailand, so that we could reach out to as many people as possible. I also made contact with our SHI colleagues in Geneva and with the AFSM offices through the President Jean-Paul Menu.

The meeting was held in our offices on 28 September 2017. My presentation on SHI and the updated rules issued in July was well received, and I believe I did manage to convince some former staff members to use the "SHI Online" facility. A result! But above all, it was such a pleasure to share a few hours with WHO retirees, all gathered together regardless of nationality and backgrounds. Overwhelmed by the positive feedback, I now have one more task to undertake: organize our next meeting in 2018!

Isabelle Walhin
Administrative Officer of the WHO Country Office in Thailand walhinis@who.int

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Note from the Editor: We can only congratulate Isabelle, Lapasrada and the WHO Office for all their initiatives for WHO former members in Thailand and we sincerely hope that other country offices will do the same!
In April this year, a lunch was arranged for former WHO-EURO staff at Restaurant Vita in Copenhagen. Vita is the oldest restaurant in Copenhagen and was in fact a pharmacy in times past. Vita’s old-fashioned charm, spacious dining areas, not least of all the lovely ceilings, all contribute to a feeling of well-being. Thirty-six of us had a grand time talking our heads off until our throats were dry, laughing somewhat boisterously. On Thursday, 23 November, we held our annual Christmas lunch at the same restaurant as participants had enjoyed the ambience, and the bill of fare on the previous occasion. This time, we enjoyed a delicious and varied Christmas buffet that included many Danish Yuletide specialties. Our appetites are not what they used to be, but nonetheless we did it justice. There were fewer participants as a number of people had informed me that they prefer to stay at home when darkness draws in quite early in the afternoon. We enjoyed seeing some new faces, in particular those of retirees who have returned to Denmark after having resided in France when working in WHO-HQ. Someone even flew over from London! AFSM brochures were provided on both occasions. The Royal Guard playing their instruments, marched past the restaurant which, we joked, must have been in our honour! We wished each other a merry Christmas before leaving the pleasant warmth of the restaurant, assuring each other we would look forward to meeting again when snowdrops and aconites have shown their pretty heads. Roll on Spring!

Jill Conway-Fell

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

Life Members
Donna Kynaston; Adeline Loo; Hans Willmann

Conversion to Life member
Pilar Gutierrez de Valente

New Annual Members
Alain Berthier; Dorrit Berthier; Hans Troedsson
In memoriam

Brian Doberstyn was born on 10 September 1941 in Cleveland, Ohio, and passed away in Chiang Mai, Thailand, on 5 September, 2017 after a long and courageous fight with Poem’s disease. Brian had over 35 years of experience in paediatric infectious diseases, and in the research and control of tropical diseases, with a primary focus on malaria in Asia. Following his medical studies in Georgetown, DC with a specialization in paediatrics, he spent a year in London, England to obtain his Diploma in Tropical Medicine and Hygiene (DTM&H) at the London School of Hygiene and Tropical Medicine (LSHTM). Brian went on to conduct research in tropical infectious diseases with the US Navy (NAMRU-5 in Gambela, Ethiopia) and US Army (WRAIR in Brazil, Bangkok and Washington). He was then seconded to WHO by the US Army and spent over 23 years working in various WHO research and control programme capacities. Brian worked in Bangkok (Senior WHO Malariologist 1980-1984); Geneva (CHEMAL Steering Committee Secretary, TDR; Chief WHO Malaria Research Unit and then WHO Malaria Control Unit1985-1990); Cambodia (1991; when WHO decided to resume support for Cambodia, he was appointed as Medical Officer for Cambodia, stationed in the WHO Regional Office for the Western Pacific, (WPRO) in Manila); Bangkok (WHO Representative 1992-2001); and Manila (Director, Disease Prevention and Control 2001-2003). He retired to his home in Chiang Mai in October 2003. He continued to be active in an advisory capacity and for example, served as a Member of the Board of Trustees of the Malaria Consortium from 2005 until 2011. However, the major focus of his attention during his retirement years was on disadvantaged “special needs” children in Chiang Mai who have no access to therapies or opportunities to develop basic life skills. He founded the Dulabhatorn Foundation in 2007 in order to provide challenges and occupational and physical therapy (including swimming and equine therapy), social activities, and vocational activities to the children who had no access to such developmental opportunities. The Foundation continues to flourish under the capable leadership of his sister, Marianne Doberstyn.

Howard Engers

Samy Kossovsky died on October 13th following a myocardial infarction.

Samy was born on 29 February 1930 in Paris. He was able to survive the whole of the war in Paris in very particular circumstances (see in QNT 83 the anecdote reproduced below).

After the war, he interrupted his studies and did several odd jobs. He learned stenodactylo and Spanish as well as English. He then resumed his studies and obtained his medical degree in Paris.

He practiced in private practice for a few years in Strasbourg and joined WHO in April 1972 in what was then the Joint Medical Service (JMS). He was assigned mainly to ILO, where he remained until his retirement at the end of 1990. He continued with short-term contracts for a few years.

Samy had a great literary and musical culture (he was a pianist); he particularly enjoyed the opera.

Despite a severe physical disability following tuberculosis contracted very early, he practiced downhill skiing until a few years ago. He loved travelling and visited many countries, including in Latin America and Asia.

He was a member of the Staff Association Committee for many years, then a member of our Executive Committee and QNT Editorial Board.

Those who knew him keep a memory of a kind person, attentive, helpful and endowed with a lot of humour

He is survived by his wife Claire, 3 boys including two doctors, and several grandchildren.

David Cohen, colleague and friend
A story from the Second World War... involving Brian Edwards and Samy Kossovsky

When I arrived in WHO in April 1972, I soon had the opportunity to meet Brian Edwards who has regretfully recently passed away. “I knew a Kossovsky in Saint-Denis” … “It was my father”, I replied. “Ah” added Brian, “you were the young lad (I was 14 years old in May 1944) to whom I threw tins of food over the wall in the courtyard of the barracks”.

Brian had been arrested on 5 December 1940 by the French police on the orders of the Germans, as he was an English subject of Her Majesty the Queen in occupied France, along with all the British subjects found in the Paris region — men, women and children.

The same happened to my family: my father, mother, my two brothers (aged 3 and a half and two years), and I were taken away at 6 a.m. by the police to the main police station in our district of Paris. My father, who had immigrated to France at the end of the 1920s, declared himself born in Jerusalem, Palestine, which was at that time under the jurisdiction of the Crown, and he had been registered as such. He was therefore considered as a British subject by the occupying forces and the same applied to his family. In the basement of the main police station of this Paris district, families were separated — the men on one side, with the women and children on the other. The whole empire was represented — the English and citizens of the colonies — white, black, Indians, even gypsies. My youngest brother was severely mentally handicapped, due to an infectious disease shortly after his birth. A military German doctor, who was called in to evaluate the case, declared that this did not prevent in the slightest either the detention of the whole family or its displacement.

Completely ignorant of the fate reserved for the men, their families met up on a train at a platform of the Gare de l’Est (East Station of Paris), at about 8 a.m., guarded by armed German soldiers. They gave us nothing to eat or drink but allowed some of the French people who happened to be at the station to give us bread, water, pâté, sausages, whatever they could find, and to take messages for our close friends and relatives and to communicate with us.

Without any information we stayed at the platform until 8 p.m. that evening. Then the train began to move eastwards to an unknown destination. In the early hours we passed through Vesoul then finally stopped at Besançon where many families were interned in Fort Vauban which overlooks the city. Those families with members who were sick or had small children were transferred to Saint-Jacques Hospital in the part which had been transformed into a German military hospital — including the mother and children of the Kossovsky family.

During this time (as we learned much later), the men had been locked up in the Romainville fort in the suburbs of Paris. After two and a half months the Germans thought it useless to keep and feed these whole families who were obviously not a threat, so they sent the wives and children back home. The men, however, were in Drancy, in what was called the “sky-scrapers”. When these buildings at Drancy were transformed into death chambers, especially for the Jews, the British prisoners were housed in the large Saint-Denis barracks, still in the Paris suburbs. It was called the “Lager (Camp) 111”. Each prisoner had to know his assigned number (my father was number 78/111).

Brian Edwards was the youngest of the prisoners. Had he been two or three months younger, he would have stayed with his mother and would have passed the time of the occupation on the outside, as was the case for me.

We had the right to visit the prisoners for half an hour on Thursday mornings in an extremely noisy visiting room. It was forbidden for any prisoner to give any message or object whatsoever to their visitors. The fashion at the time was golfing trousers — surreptitiously my father passed me packets of “John Players and sons” which came out of the parcels from the British Red Cross or the St John’s Order and I hid them in my trouser legs. As you can imagine, English cigarettes during the German occupation were a real treasure which allowed us to get what we needed to improve our meager rations.

While it was possible to hand over small packets of ten cigarettes, it was another story to get tins of food which would have been much welcomed at the family table. Hence came the idea to throw the tins from a window on the third floor of the barracks over the wall on one side of the courtyard, into the little grassy alley which ran alongside. A meeting was set for the afternoon and when I appeared in the alley, Brian, young and sturdy, threw the tins of corned beef, golden syrup and other food which I hurriedly stashed into a bag and took home. We were able to repeat the operation on several occasions, but it became clear that the German sentries could notice us and so we considered it best to stop.

There are of course many more tales to tell, but that will be for another time.

Samy Kossovsky
Mariano Postiglione, M.D., D.T.M.&H., D.P.H.
22 January 1926 Naples – 14 October 2017 Poggibonsi

Mario Postiglione was a charming sophisticated, courageous, dedicated doctor who spoke seven languages.

Mario graduated from the University of Naples in Medicine & Surgery with the highest marks in his year and joined WHO in 1951 where he worked until 1982. He was the senior WHO Officer in Cambodia, Vietnam, Syria and Turkey dealing with Epidemiological studies, malaria control and Primary Health Care.

He married June Bellamy in 1953, later divorced, and was temporarily kidnapped in Burma in 1955 by the Burmese guerrillas during Khruschev’s visit. Then HQ/GE for 2 years as Deputy Chief Planning & Programming. He was in WPRO for 5 years as Senior Regional Adviser and directed 13 Malaria control teams from Korea to New Zealand, and Malaysia to New Hebrides, before becoming Director, International Malaria Training Centre, Manila.

He then joined EURO and was there for 11 years as Public Health Officer, Chief, Primary Health Care, then A/Direr of Strengthening of Health Services and finally as Director, Disease Prevention and Control. A very special posting as we met in Copenhagen and were married there in 1972. Marco and Luca were born in Copenhagen. His final posting was in Vienna as WHO REP and Director of Medical and Health Services of UNRWA working with refugees in Syria, Lebanon, Jordan and Occupied Territories. A great moment was when he spoke at the UN General Assembly in front of Gaddafi. Finally he retired to Florence and was a Consultant to Eli Lilly, UNICEF, WHO and Regional & Health Authorities in Tuscany.

Mario was a Visiting Professor of Public Health, University of Trieste, Visiting Professor of Tropical Diseases to Medical Officers of the Florence and Livorno Military Academies and also received Diplomas of Hygiene, Infectious Diseases and Gerontology and Geriatrics. He was also a Fellow of the Royal Society of Tropical Medicine and Health, and published 40 publications on Public Health and Communicable and Non-Communicable Disease Control.

Mario was a Surgeon Commander, Italian Navy Reserve and a former President Interallied Confederation of Medical Reserve Officers (during which time we were both entertained by Margaret and Denis Thatcher at 10 Downing Street). He was a Knight of the Order of Merit of the Italian Republic, and also a Knight of the Order of St John of Jerusalem (Denmark, Grand Hospitaller).

Mario leaves his wife Angela, three sons (another son deceased), and five grandchildren.

Angela Harwood Postiglione

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It is with great sadness that we inform you of the death of Vincent Huguet, who passed away on 21 November 2017 at the age of 54 in Grenoble Hospital.

Vincent joined the Staff Health Insurance unit on 15 January 2001 after a career in private health insurance in France followed by some time at the UN. He was greatly appreciated by all because of his kindness, responsiveness and good humour.

Vincent will be missed by all who have had the pleasure of knowing him. In these difficult times, our thoughts and our deepest condolences go to his wife, his three children and his family.
General Assembly

Report

Opening

The Assembly was opened by Jean-Paul Menu, AFSM President, who welcomed Dr Tedros Adhanom Ghebreyesus, Director-General, Dr Ian Smith, Executive Director, Office of the Director-General, AFSM members (especially those from outside the Geneva area – Ingar Brüggemann from Berlin) and invited guests, including the WHO Staff Association represented by Mr Aboulkaire Ahmed, Vice-President, the Association of Former International Civil Servants (AFICS-Geneva), other sister associations from the ILO and WMO, the AFSM Auditors1 and Polling Officers2, and notably Drs Finn and Per Bo Mahler who were invited to attend for the Tribute to their late father Dr Halfdan Mahler, former Director-General.

Election of Chairperson

On the proposal of Catherine d’Arcangues, seconded by Michel Fèvre and Salah Mandil, Maged Younes was unanimously elected as Chairperson. With the addition of one item on the British Association of Former UN Civil Servants (BAFUNCS) under Other business, the agenda was adopted.

Tributes to Dr Halfdan Mahler

Five AFSM members paid tribute to Dr Mahler. Ingar Brüggemann referred to the changes made by Dr Mahler, firstly in the battle against tuberculosis and secondly in WHO as a whole. From his experience of treating patients in India, Dr Mahler had understood that health is more than the absence of disease and he had recognized the close link between poverty and ill health and the social and economic impact of poor health. Care of tuberculosis patients moved away from treatment of only those who could afford to stay in clinics in places with healthy air, to ambulatory treatment with medication which more people could afford. At WHO, under Dr Mahler the Organization became a different place. At the time when Ingar had joined, only medical experts were valued and the administration was unsure about how to handle non-medical professionals. Dr Mahler made it clear from the beginning that he recognized and valued all staff. On his fifth day in office as DG, Dr Mahler had written to all staff to encourage them to work together towards greater achievements and an exciting future. He changed the previous hierarchical ways of working to open up meetings to all staff, treating them as co-workers based on a creed of encouragement, convincing staff rather than dictating to them. His motto was that “Life after all is good”.

Dev Ray added that Dr Mahler had considered India as his second homeland. From his experience there he had witnessed social inequities and their close links to health, and he had recognized the need to fight against social injustice. Dr Brock Chisholm, the first Director-General of WHO, had encouraged Dr Mahler to give empathy and not just sympathy. Similar advice had been given by the then Health Minister of India: if Dr Mahler could act like an Indian, the Minister would consider his request for additional funds and even grant him Indian citizenship. During Dr Mahler’s terms of office as DG, there was a move towards a new outlook to public health, including primary health care, tropical diseases research, the International Code of Marketing of Breast Milk Substitutes and the essential drugs concept. Despite not being the architect of all these innovations, Dr Mahler had adopted and promoted them. He will be remembered for the struggle against social inequities.

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1 Only Richard Saynor was able to attend
2 Only Janet Clevenstine and Helena Mbele-Mbong were able to attend
Roger Fontana stated that Dr Mahler and his predecessor Dr Candau had been two brilliant Directors-General who had made WHO a shining light in the world. Many people have fantastic memories of Dr Mahler who had been a great friend.

Sue Block Tyrrell referred to Dr Mahler’s charisma and his motivational speeches to the staff. He was a very inclusive person, treating all grades of staff alike and acknowledging their contribution and presence, including at times of great pressure such as during governing body meetings. His innovative monthly Director-General’s conferences open to all staff had been appreciated as they had provided an opportunity for all staff to spend time with the DG and keep up-to-date.

Bill Gunn remembered the times that both he and Dr Mahler had been working late. There had been many successes during Dr Mahler’s terms of office but Dr Gunn referred to some less successful events which had made Dr Mahler unhappy, i.e. when Member States were not in agreement that WHO should work on nuclear health issues or in the area of surgery, despite it being an integral part of primary health care. Everything which concerned health was important to Dr Mahler, including humanistic and social problems. Dr Gunn then presented a medal to Dr Tedros, Director-General, in memory of Dr Mahler.

Dr Per Bo Mahler then spoke on behalf of his family. He and his brother Finn had been very touched by the comments made and the warm welcome. They feel at home in WHO and enter the premises with great pride. He remarked on the discretion and humility of his father and hoped that his legacy would inspire future generations. He recited a family poem which Dr Mahler had often used right up until his final days “Sunshine and shade and so our lives are made, but how great the sun and how small the shade”. We need to keep that in mind.

Dr Tedros then addressed the participants. He felt truly honoured to attend the Assembly and benefit from the wisdom of former staff. He emphasized two matters. Firstly, his respect for former staff and their service to WHO. He stressed that former staff are still part of the WHO family and should still consider it as their home. Retirement does not break the relationship – former staff remain related in a different way. Secondly, as former staff are still part of the family, Dr Tedros would like to encourage and strengthen their collaboration. He is pleased that former staff representatives remain involved in health insurance and pension matters, and that the AFSM has been assisting the Department of Ageing and Life Course in developing messages. Dr Tedros had read the President’s Report and had consulted the AFSM website and he hoped that members would discuss how to strengthen their support to WHO and continue to contribute. To support the objectives of WHO is in the AFSM Statutes. On the occasion of the International Day of Older Persons, Dr Tedros had spoken on the need to change people’s views from the silver tsunami to the silver dividend. Society has to believe that older people are not dependent, they can continue to contribute, be part of the development agenda and turn the situation into a dividend.

Dr Tedros then referred to Dr Mahler. During his campaign, at the Executive Board, Dr Tedros had referred to events under Dr Mahler’s leadership - the declaration of the eradication of smallpox and the emergence of universal health care under the goal of Health for All, with the focus on primary health care. Dr Tedros commented on Dr Mahler’s humility and his readiness to admit mistakes, e.g. the initial poor response to HIV/AIDS but later he became one of the strongest advocates. He recalled Dr Mahler’s experiences in India and his understanding of the links between poverty and standard of health. Following a short course in Denmark in 1988, Dr Tedros himself had compared
the health system in Denmark with that of Ethiopia and he had been inspired by the Danish system. From his own personal background, Dr Tedros understands the links between poverty and ill health. Countries inspiring Dr Mahler were Denmark and India, and for Dr Tedros they are Denmark and Ethiopia.

Dr Tedros respects Dr Mahler’s thinking on health and wellbeing, and his close connections with staff, and Dr Tedros hopes to follow in Dr Mahler’s footsteps. He informed the participants about his open Thursday afternoons for meetings with any staff who wish to see him. He had asked all staff to send him advice and thousands had responded. He respects their views and gets excellent ideas through listening to staff. He stressed that everyone in the Organization is important – the technical staff, the administrative staff and including the cleaners.

Dr Tedros looks forward to working with the AFSM and will be happy to help wherever possible. He proposed to assign staff from his office to work with the AFSM to identify areas of cooperation. He referred to the overall conclusion in the President’s report on the need for more AFSM members and candidates for the Executive Committee, and suggested that many new retirees might want to join the AFSM if its members are called upon to get involved in giving advice to WHO. Dr Tedros would like the AFSM to grow. If it is strong, the WHO administration can exploit its members who remain part of the family. He hoped that the next President’s Report would include details of such collaboration. Dr Tedros concluded by saying “Let’s make the arrangements to work together, help each other and remain one family”.

Maged Younes closed this special session by thanking Dr Tedros for spending an hour at the Assembly and for his welcome comments which demonstrate that he is indeed following in Dr Mahler’s footsteps. In African families, everyone plays an important part. Maged is sure that all AFSM members will be willing to contribute because we are all part of the WHO family.

**Election of Polling Officers**

In accordance with the AFSM Statutes, four Polling Officers were re-elected for 2017-2018 – Janet Clevenstine, Sandra Edgar, Helena Mbele-Mbong and Andrée Prodham. No additional names were proposed. The Assembly thanked them for their continuing help.

**Future annual membership**

Jean-Paul Menu summarized the change that the Executive Committee intends to implement, which had been published in Quarterly News no. 108, July 2017.

*Current annual members* may continue to pay CHF 25 per year but are strongly encouraged to add a minimum of CHF 2 to cover the bank and postal charges and, better still, are strongly recommended to convert to life membership. 66% of contributions already paid are deducted from the cost of conversion to life membership.

*New members* who join the AFSM after 1 January 2018, if they wish to choose annual membership, will have this possibility only for two calendar years, after which they will have to choose between converting to life membership or leaving the AFSM.

This change is necessary in view of the costs involved in handling annual membership – the work for the Treasurer in following up each year, the postal costs and the increased bank and post office charges.

Discussion followed:

- A suggestion was made to adopt the practices used by some organizations, namely to assume renewal of membership and deduction of the subscription by credit card unless a person opts out: Response - unfortunately this system cannot be implemented by the AFSM as its small number of volunteers could not run a credit card service.
Another suggestion was made to abolish annual membership. A lower life membership fee of CHF 200 instead of CHF 250 might encourage more life members. This suggestion will be considered by the Executive Committee.

President's report

Jean-Paul Menu expressed the hope that all those present had read the report like Dr Tedros! He referred to item 7 on relationships with programmes, and added that since the production of the report, the Executive Committee had collaborated with the WHO Department of Ageing and Life Course for the event at headquarters on the International Day of Older Persons. Jean-Paul very much welcomed the comments made by Dr Tedros inviting closer collaboration with WHO.

Jean-Paul then commented on the membership of the Executive Committee and welcomed the new member Keith Wynn. Keith will be taking over as Editor-in-Chief of the Quarterly News from David Cohen who has produced the past 60 editions. Jean-Paul thanked David for his years of hard work in producing the Quarterly News. He then thanked Roger Fontana, Honorary President, for his 20 years of devoted service to the Executive Committee. The participants applauded the long-standing services of David and Roger and thanked Keith for having accepted to assume the role of QNT Editor-in-Chief.

Jean-Paul also thanked Rosemary Villars for agreeing to continue to be a co-opted member of the Committee and Michèle Bernard Evans who had kindly joined as a new co-opted member. Her past experience with the Staff Association will be very useful to the Committee.

Discussion followed on the following matters:

- A suggestion was made that, as some AFSM members would like to help but are too busy to commit to the Executive Committee, the Committee should contact members when helpers are needed for something specific
- Articles from the Quarterly News are often reproduced in journals published by AFSM members
- AFSM members were encouraged to contribute articles to the Quarterly News
- The comments by Dr Tedros on strengthening collaboration with WHO programmes might help in securing new AFSM members who could provide details of their expertise.

Jean-Paul then referred to the collaboration with sister associations of retired UN staff and Odette Foudral, President of AFICS Geneva provided some concrete examples, e.g. participation of AFSM Executive Committee members in the AFICS delegation at sessions of the Council of the Federation of Associations of Former International Civil Servants (FAFICS), and in the production of a special issue of the UN Special on older persons.

Maged commented that the appreciation of this collaboration is mutual and thanked the sister association representatives for their participation in the General Assembly.

The participants expressed their appreciation of the Executive Committee’s activities and approved the Report of the President.

Questions on WHO Staff Health Insurance (SHI)

The Assembly welcomed Claude Hennetier Rossier, Coordinator, Insurance and Pension Services and Samantha Bell-Shiers, Head, Staff Health Insurance. Claude presented three slides, firstly on the status of the SHI Fund in 2016:

- 38 932 participants (+2.7% vs 2015)
- Ratio active/retirees: 1.89 (2.3 in 1993)
- 44% of insured active staff and 63% of insured

A copy has been distributed to all members and is available on the AFSM website

Association of Former International Civil Servants
retired staff are in high cost areas

- Fund value: USD 849 million (+17.3% vs 2015)
- ASHI liability: USD 2 362 million (35% funded)

The financial situation of the Fund is healthy. Its long-term financing is examined each year. The current 4% per year increase in contributions may be reduced to a lower figure in the future.

Secondly, regarding the retiree representations in the SHI governance committees, on the Global Standing Committee Marjory Dam and Jean-Paul Menu are the members, and Françoise Héry-Persin and Carol Collado are the alternate members. On the Global Oversight Committee, Ann Van Hulle-Colbert is the member and, as of 1 September 2017, Hilary Wild has replaced Clas Sandström as the alternate member following Clas’s resignation. Claude thanked Clas for his past participation.

Thirdly, Claude referred to some 2017 highlights. With respect to SHI On-Line, many former staff have tried it. Not only does the site allow on-line submission of claims but it also contains useful information on SHI.

Changes in the rules from 1 July had been sent to retirees and Claude drew attention to the change in direct payment: SHI can now make direct payment to a health care provider for the full amount of a medical bill where this equals at least 15% of a former staff member’s actual monthly pension benefit, and the former staff member then reimburses SHI the amount they are due to pay. Also, SHI can pay directly to the pharmacy the bills for high-cost drugs when these are needed on a regular basis. Those needing to benefit from this procedure should contact SHI. SHI is discussing long-term care and whether improved coverage can be made without penalizing the health of the SHI Fund.

Regarding places of treatment, if participants seek medical care in the USA and are not resident in the Region of the Americas, reimbursement is only up to 80% of 75% of their reimbursable medical expenses, and the person has to go back into the system later to find the proof of actual payment:

- The problems of providing proof of payment through an e-banking system – the order to do so only indicates that the transfer will be made the following day provided funds are available in the account, and the person has to go back into the system later to find the proof of actual payment: Response - unfortunately this is necessary as some people often cancel such transfer requests a few hours after having made them – others wait for SHI to reimburse first and try to negotiate to pay in several instalments

- The situation of the study requested by the UN General Assembly on After Service Health Insurance:
  Response - in France, pharmacies have the right to substitute a brand name drug with a generic and they may only have the generic in stock. The SHI Medical Adviser should be consulted as in some instances e.g. cardiac medicines, some elements in the generics are not the same as in the brand name drugs. It is better to consult the doctor concerned rather than the pharmacist. Information may also be available on the internet.

The Assembly participants expressed their appreciation of the Staff Health Insurance and thanked the SHI representatives and their staff for all their help.

**Ann Van Hulle-Colbert**, the elected retiree member on the Global Oversight Committee (GOC), referred to the important work of the GOC and its composition and high-level expertise. It is an advisory committee to the Director-General who takes the decisions. The main challenge is to balance the expectations of participants with what is affordable, and also there needs to be a balance between health and dental care.

Costs of health insurance in Switzerland are increasing, some higher than the 4% annual increase of SHI. Even if faced with the need for major medical care, the SHI insurance can cover the costs and the provisions for catastrophic expenses are applied. A study on long-term care has been carried out

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5 After Service Health Insurance
by a WHO retiree with expertise in this area and the proposals will be examined by the GOC. SHI cannot afford comprehensive long-term care beyond nursing services but there are proposals relating to reimbursement of other services which will enable more participants to remain at home. The retiree representatives on the SHI governance committees do not have access to the email addresses of all retiree SHI participants, only those who have given authorization of the use of their email addresses which represents about one third of the total. Ann encouraged retirees who have not yet provided their email address to SHI to do so rapidly and to authorize the elected retiree representatives on the governance committees to have access to their email address.

Discussion followed on several matters:

- The possibility of an agreement between SHI and the Sécurité sociale française which would enable those in France using SHI as a complementary insurance, with the Sécurité as the main one, to avoid advancing money to the pharmacy and other health providers:
  Response - this would involve a heavy workload for SHI which works with nearly 200 countries and often the Sécurité sociale française is set up at the Département level – SHI does not have the resources for such an arrangement

- The problems of providing proof of payment through an e-banking system – the order to do so only indicates that the transfer will be made the following day provided funds are available in the account, and the person has to go back into the system later to find the proof of actual payment:
  Response - unfortunately this is necessary as some people often cancel such transfer requests a few hours after having made them – others wait for SHI to reimburse first and try to negotiate to pay in several instalments.

- The situation of the study requested by the UN General Assembly on After Service Health Insurance:
  Response - there is a working group but it is hard to have a collaborative discussion among the UN specialized agencies as they have different health insurances with different coverage. However, common principles can be discussed, e.g. the number of years of service necessary to be able to secure after service insurance without having to pay a premium. The insurance plans are so different, it would be hard to establish a single plan and SHI is not in favour of such a move as normally harmonization leads to a reduction in services and benefits. However, the agencies’ insurances can join forces in negotiating with health care providers. Retirees are welcome to check with SHI if they hear strange rumours.

- Cost containment - the proposals by pharmacies to encourage people to take generic drugs rather than the brand name prescribed by the doctor: no clear answers are obtained on questioning whether the generic drug composition is identical to that of the brand name:
  Response - in France, pharmacies have the right to substitute a brand name drug with a generic and they may only have the generic in stock. The SHI Medical Adviser should be consulted as in some instances e.g. cardiac medicines, some elements in the generics are not the same as in the brand name drugs. It is better to consult the doctor concerned rather than the pharmacist. Information may also be available on the internet.

The Assembly participants expressed their appreciation of the Staff Health Insurance and thanked the SHI representatives and their staff for all their help.

Questions on pensions

The Assembly welcomed Elisabeth Chauveau-Bais, Chief of Participation and Entitlements Section of the Geneva Office of the UN Joint Staff Pension Fund, Gilles Fado, Legal Officer of the Fund in Geneva and Mercedes Burguete, Senior Client Service Assistant in the Client Service area in Geneva, and Beatriz Sperandio de Llull, WHO Administrative Officer for Pensions/Secretary of the WHO Pension Committee.

Dev Ray thanked the staff of the Geneva office and Beatriz for their help and close collaboration. He referred to the attacks by CCISUA (Coordinating Committee for International Staff Unions and Associations of the UN System) against the CEO of the Pension Fund and to the past delays in payments of pensions to new retirees and survivors caused by the introduction of the Integrated Pension Administration System (IPAS). However, Dev is much more concerned about the situation of
the Fund’s investments under the responsibility of the Representative of the Secretary-General (RSG), as they have not met the target for the past few years and are only recently improving. There does not seem to be any real overview of investments or the RSG. The investments committee used to have a long-term Chair but for some time now there is only a rotating Chair. It seems that the post of the RSG is now being advertised and it is very important to have an open selection process.

Beatriz encouraged the Assembly participants to consult the Pension Fund’s new website. There is a special email address for announcing the death of a retiree and an email address for non-receipt of the Certificate of Entitlement.

Discussion followed on the following matters:

- Certificates of Entitlement: in the past two years, the AFSM and sister associations had been asked by the Fund to help to track down those retirees who had not returned their signed Certificate to the Fund – if such people are AFSM members, their address is available but without any address except the country, it is hard for the AFSM to help: Response by the Pension Fund representatives: the Fund’s rules do not permit the sharing of retirees’ addresses. This matter should be discussed with the Chief of the Pension Fund Office in Geneva or New York to find a good solution. Unfortunately, many retirees do not inform the Fund of their change of address.

- Delays caused by IPAS: it seems that there are no longer any delays in paying the pensions of new retirees but still some delays in paying survivors. Response by the Pension Fund representatives: for the past 18 months there has been a team in Geneva dedicated to handling the cases of survivors and there are no longer any delays. The team is headed by Gilles Fado and cases are dealt with in 2-3 weeks. In the majority of cases, the delays are caused by incomplete documentation. The documents needed are the marriage certificate, a divorce act in the case of divorce, the ID card, the death certificate and the instructions for payment to the survivor. The Pension Fund does not receive the documents which have been given to the organization for active staff and in any case the marital status of the person may have changed. Beatriz added that for recent retirees the Pensions team at WHO asks for such documents which are transmitted to the Fund. Elisabeth referred to the improvements in the new IPAS system and more will be introduced in the future. The system is working much better now.

- The investment situation, what action can the AFSM take to express concern? Response by Samuel Mbele-Mbong, focal point for pensions on the AFICS Committee: the Pension Fund has a complex system of advisory and oversight bodies and there is an investments committee comprised of high-level experts from around the world. It meets every three months and makes reports. The target of the real rate of return of 3.5% has been met over the 30 years of the Fund’s existence but not over the past few years. Retirees participate under FAFICS in meetings of the Pension Board where investments receive a lot of attention and are compared to the benchmark. Fiduciary responsibility of the Fund lies with the Secretary-General to permit international immunity. A discussion followed on whether the 3.5% benchmark refers to the assets in just US dollars or a combination of currencies – the 3.5% represents growth in US dollar terms but the value of the dollar changes. There are also benchmarks for each category of investments and comparisons are made and reported on at each session of the Pension Board. Dev maintained his concern as these reports do not seem to be made public. Samuel commented that the reports are made available to the members of the Pension Board and to the secretaries of the agencies’ pension committees. However, it seems that the reports are not shared with participants whereas they were in the past. It was agreed that Dev would take this matter forward informally in WHO.

- Taxation of UN pensions: Response by the Pension Fund Representatives - the Fund cannot intervene as taxation is subject to national legislation
Comment by Dev - regarding taxation of the lump sum in France which is contrary to past agreements, the UN legal office has written to the French authorities but no reply has been received.

Maged, Assembly Chairperson and Jean-Paul, AFSM President, thanked the UNJSPF representatives and their staff, especially those in the Geneva Office, for their help and rapid response to questions. Thanks were also expressed to Beatriz and her team at WHO for all their collaboration.

Financial report and Auditors’ report for 2015-2016

Anne Yamada, Treasurer, introduced the financial report (see page 24). Richard Saynor, one of the two AFSM Auditors, conveyed the regrets of the other Auditor Charles Hager, that he was unable to attend. Both have full confidence in the Treasurer and the new Assistant Treasurer, Keith Wynn, and accepted the report as a true representation of the financial situation.

The Assembly approved the financial report for 2015-2016 and accepted the Auditors’ report.

Election of Auditors for 2017-2018

In accordance with the AFSM Statutes, the Assembly re-elected the two Auditors for 2017-2018 – Charles Hager and Richard Saynor, and thanked them for their continuing services.

Other business

The following issues were raised:

- 41st Annual General Assembly and Reunion of the British Association of Former UN Civil Servants (BAFUNCS): Richard Saynor informed the participants that for the first time the BAFUNCS annual reunion will be held outside the United Kingdom, at the Novotel, Geneva, from 11-13 May 2018. Kofi Annan has agreed to be the keynote speaker on the Saturday morning. The Assembly and Reunion are primarily for BAFUNCS members. However, if spaces become available, BAFUNCS would like to open up the meetings to other UN system retirees – British nationality is not a prerequisite. Likely end January 2018, the reunion organizing team will send registration details to the AFSM Executive Committee. This will be a good opportunity to meet up with former colleagues. Richard expressed his gratitude to the AFSM for its support in preparing for the reunion. Derrick Deane commented that the dates may clash with the 2018 UN Inter-Agency Games, due to take place in Rimini, Italy.

- Abdoulaye Diallo, representing the ILO former staff association, expressed the solidarity of his association with the AFSM. He recommended that staff at the country level should meet with retirees in that country. He referred to the health problems in all countries. Health care should not be turned into a commodity – it should be a priority, an important part of the national budget and available to all.

- Annual AFSM reception: this year the reception will not follow the General Assembly as in 2015 and will take place on 19 October. No comments were made by participants on holding the two events separately.

- Security in WHO and the UN - retiree cards only allow access through the main doors and this can present a problem for those with reduced mobility: at WHO this has been the situation for about 10 years but now retired staff need to exchange their retiree card for a new one which will open the new security gates. The issue has been raised with the administration but the increased security measures do not allow for the situation to be changed. (A message from the Security Administrator on the new infrastructure at headquarters was published in QNT109) For the upcoming AFSM reception on 19 October, door E 203 will be open to facilitate easy access to the cafeteria.

Closure

The Chairperson expressed his gratitude to the presenters, the interpreters (Christian Stenersen and Sami Barghouthi) and the operator (Soah El Aoud) for their excellent services. Maged also thanked the members for their attendance and active participation, the representatives from sister associations and from the WHO Staff Association. Finally, he thanked the Executive Committee members for all

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6 Most of whom are AFSM members – Coby Sikkens, Patricia Brice and Richard Saynor
their hard work to help AFSM members. Jean-Paul thanked Maged for his excellent chairmanship of the Assembly and his colleagues on the Executive Committee who had organized the Assembly, notably Sue Block Tyrrell, Vice-President and Anne Yamada, Treasurer. Jean-Paul then invited all those present to join the Executive Committee for refreshments outside the meeting room and looked forward to seeing many members at the annual reception in the WHO Cafeteria on 19 October.

The text is from Sue Block Tyrrell and the photos are from Marc Karam

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Current building work at WHO

The passerelle
AFSM

Balance on 31.12.2016 (in CHF)

**Assets**

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<th>31/12/2016</th>
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**Funds Balance**

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<td>207,555.37</td>
<td>225,777.21</td>
<td>237,490.27</td>
</tr>
<tr>
<td>Excess income over expenditures</td>
<td>5,600.69</td>
<td>1,009.57</td>
<td>3,813.39</td>
</tr>
<tr>
<td>Funds available at the end of the period</td>
<td>213,156.06</td>
<td>226,786.78</td>
<td>241,303.66</td>
</tr>
<tr>
<td>Deferred revenus from Life Members</td>
<td>12,621.15</td>
<td>10,703.49</td>
<td>10,132.83</td>
</tr>
<tr>
<td>Total</td>
<td>225,777.21</td>
<td>237,490.27</td>
<td>251,436.49</td>
</tr>
</tbody>
</table>

Cumulative allocations for future services to life members:
- 2009-10 : 16,465.26
- 2011-12 : 12,621.15
- 2013-14 : 10,703.49

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**2018 dates for coffees and lunches in the Geneva area**

We are pleased to share with you the dates of these informal social gatherings for retired UN system staff: We hope you can join us.

**Nyon:** Coffee get-together from 10.00 – 12 noon at the tearoom Le Cham’, 2 route de St Cergue, behind Nyon station, facing the post office: on Mondays – 8 January, 9 April, 2 July and 1 October; Wednesdays – 7 February, 2 May, 8 August and 7 November; and Fridays – 2 March, 1 June, 7 September and 7 December.

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

**Geneva:** First Wednesday of the month, “International Carrefour” coffee afternoons from 2-4 pm at Cité Seniors, 62 rue de Lausanne/28 rue Amat. Cité Seniors offers many activities – their programme can be found at [www.seniors-geneve.ch](http://www.seniors-geneve.ch) or give them a free call on 0800 18 19 20. On the first Tuesday of the month, from 1.30 - 5 pm, they have a health information session – a qualified nurse is available to give health advice, respond to questions, take blood pressure and check blood sugar levels. The Cité is open from Tuesday to Friday from 9 am to 5 pm and on Sundays from 11 am to 5 pm.

*SBT*