Tanja Ellen Sleeuwenhoek came across this dramatic scenery near Akureyri, Northern Iceland. See her story “A dream trip” on page 26. Photo: Tanja Ellen Sleeuwenhoek
A dream trip to Iceland and Greenland, see story on page 26 and more photos in the French version. Photos: Tanja Ellen Sleeuwenhoek

Qaortoq, Greenland. A view from the hill

Bell Tower of church in tiny Aappilattoq on the shores of the magnificent Prince Christian Sound, Southern Greenland

Nanortalik Church Choir in traditional clothing Prince Christian Sound, Southern Greenland

Gullfoss waterfall about 100 km from Reykjavik, Iceland

A return trip to Europe, to Tuscany, Italy, see story on page 27 and more photos in the French version. Photos: Stanislaw Orzeszyna

The town centre of San Gimignano

View from Agriturismo dei Girasoli, situated in a charming rural tourist site close to the little town of San Gimignano

A panoramic view of the town of Certaldo, the birthplace of Giovanni Boccaccio
EDITORIAL

Let me introduce myself; I am Keith Wynn, the new editor of the AFSM Quarterly Newsletter. I was a member of the WHO publications department from 1974–2005, and then held a similar function in UNAIDS from 2006–2008.

Our out-going editor David Cohen is taking a well-earned break after 15 years and with 60 issues to his credit; but we are not going to let him retire. He will still be preparing articles for us, and standing by to give me any help that is needed. We pay tribute to David’s achievements on page 17.

You may also have noticed a change to the look of your Newsletter this month, produced by me to a design prepared by a former WHO staff member some of you will know, Sue Hobbs. Sue was a key member of the WHO Graphics unit, and is still very active as a freelance graphic designer for WHO from her home in New Zealand. Thank you, Sue.

Our keynote article on page 4 focuses on abuse of the elderly and what WHO is doing to combat it. Prepared by Dr Lindsay Martinez with comments by Dr Etienne Krug, Director, Department for the Management of Noncommunicable Diseases, Disability, Violence and Injury Prevention, who has responded to our questions on progress and prospects.

Don’t hesitate to send me material for publication, our readers are always interested to hear from fellow former staff.

Keith Wynn

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Pensions (UNJSPF): Contact by e-mail is no longer possible. Callers between 09.00 and 17.00 Monday to Friday except Thursday. At the Geneva office, Du Pont de Nemours Building, Chemin du Pavillon 2, 1218 Grand-Saconnex, at the New York office, 37th floor, 1 Dag Hammarskjöld Plaza (DHP), Corner of 48th Street and 2nd Avenue, New York, NY 1001. Or write via the “Contact us” link on the Fund’s website: https://www.unjspf.org Or telephone: Geneva: +41 (0) 22 928 88 00 or New York: +1 212 963 6931. In the case of non-receipt of the monthly benefit or the death of a beneficiary, visit the website: https://www.unjspf.org/emergency/ for instructions.

Remember to always have your Unique ID number handy when contacting UNJSPF Resources for retirement: visit the AFSM website, http://www.who.int/formerstaff/issues/retirement/en/

Formalities in case of death of former WHO staff member: visit the AFSM website, http://www.who.int/formerstaff/about/en/

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The translation of all articles is undertaken by the Editorial Board.

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

Please send your contributions for publication in QNT to: Keith Wynn wynn-km@iprolink.ch

ACKNOWLEDGEMENTS

We very gratefully acknowledge the invaluable support of the Printing, Distribution and Mailing Services.
ABUSE OF THE ELDERLY

Combatting the abuse of elderly people: the role of WHO

People of all ages who depend on others to ensure their basic needs and/or general well-being may become victims of ill-treatment or neglect by those who care for them, or are in a position of power over them. Whether the victims are children, adolescents, or adults of all ages, abuse generally occurs behind closed doors, hidden from others and unrecognized by the authorities. Consequently it is difficult to estimate, far less to measure accurately, the extent of the problem, though the available evidence shows that it is common and widespread, and probably increasing. This article focuses on abuse of elderly people and what WHO is doing to combat it.

The situation

With increasing age, most elderly people gradually lose their independence through deterioration of physical or mental capacity, or both. Becoming dependent on others for help entails vulnerability to potential abuse. Abuse of the elderly takes several forms, including psychological abuse, financial abuse, neglect, physical abuse, sexual abuse — and also includes abusive acts or lack of necessary action in medical settings. Abuse can occur in the home or, probably more often, in residential medical facilities and institutions for long-term care. Although shocking cases reach the attention of the media from time to time, the subject is generally taboo. Victims may be ashamed to complain, and are often afraid or unable to complain or seek help. The consequences of physical abuse are likely to be both physical and psychological, seriously damaging the victim’s health and quality of life. Physical and other forms of abuse lead to anxiety and depression, deterioration of health, and may even result in premature death. Detailed information on abuse of the elderly is provided on WHO websites, at www.who.int/ageing and at http://apps.who.int/violence-info/elder-abuse. The documents and graphics include guidance on prevention of elderly abuse, how to intervene when it occurs, and how members of the public can help.

Reporting of incidents of abuse is not mandatory and reliable data are scarce. WHO has assessed the published studies on this subject, and concluded that worldwide around 16% of people aged 60 years and older experienced some form of abuse in 2016–17, recognizing that this is certainly an underestimate because most cases go undetected and unreported. Data are particularly lacking from developing countries. As life expectancy increases, the problem is also expected to increase in countries with rapidly ageing populations. The global population of people aged 60 years or more is set to double by 2050. In many countries, the problem of abuse of the elderly is not well recognized and not understood.

International recognition of the problem

Until recent years, WHO has not given high priority specifically to the health needs of elderly persons, and the international community has been slow to take effective action to protect them from discrimination and abuse. In 2011, the UN General Assembly, noting the general lack of implementation of the 2002 Madrid International Plan on Ageing, adopted a resolution (UN RES 66/127) which included a comprehensive set of recommendations covering all aspects and responsibilities at all levels for ensuring the rights and well-being of elderly persons.
In the first *Global status report on violence prevention* (2014), WHO, together with UNODC and UNDP, assembled survey data from 133 countries in all WHO Regions on different types of violence at all ages, including physical and psychological abuse of elderly adults. The report revealed major deficiencies in surveillance and reporting, policies and action plans based on data, legislation and its enforcement, multisectoral coordination, and programmes for prevention of abuse of the elderly. Compared to other forms of violence, abuse of the elderly came low or last among the proportion of countries addressing these issues.

The Sustainable Development Goals, agreed in 2015, set out in Goal 3 to *Ensure healthy lives and promote well-being for all at all ages*, thus including a call for attention to the needs of elderly people. As health and well-being are denied to elderly victims of abuse, and in accordance with this SDG goal, in 2016 the WHA adopted the *Global strategy and action plan on ageing and health* which includes guidance for coordinated action to prevent and respond to abuse of the elderly.

The role of WHO today

WHO is raising awareness, providing guidance, and encouraging commitment by all countries to develop systems to prevent, delay, or reverse declines in physical and mental capacity, and to ensure long-term care and support for dependent elderly persons in the community, as reflected in the global strategy and in guidelines published in 2017 on *Integrated care for older people*. The opportunity was taken on World Elder Abuse Awareness Day (2017) to launch an infographic illustration of the various forms of abuse that occur among elderly people, the pre-disposing factors, how to prevent abuse, and how the public can get involved (see website). Because the needs, resources and societal attitudes to the elderly differ around the world, strategies and measures need to be adapted to the national/regional context. To this end, WHO is preparing a series of documents on the development of effective, equitable, sustainable systems for long-term care in different settings; the first, concerning sub-Saharan Africa, was published in December 2017.

The special challenges involved in long-term care of the elderly are recognized and addressed in the WHO documents. With respect to abuse of the elderly, it is acknowledged that prevention often depends on providing support for their caregivers, who are liable to become stressed, exhausted and even depressed, and that reliance solely on families (mainly the women) for long-term care of their elderly relatives is an unsustainable approach for the future. Ongoing demographic and societal changes require systems in the community to provide for the needs of elderly people, and their protection.
Country and local initiatives

At least in some countries, raising awareness has led to action to prevent and respond to abuse of the elderly, such as the following examples show. The early results of these recent initiatives are encouraging, if not yet conclusive.

- In the UK, a prevention programme has been launched to educate caregivers who have ill-treated their elderly dependents. These caregivers receive instruction on the medical status and needs of the dependent person, the services and resources available to provide help and support, and all that is involved in caring for the elderly. They also receive training on recognition of the stages of anger and how to manage anger.

- In the USA, a comprehensive response programme to support the victims of abuse has been set up, in which social workers and lawyers work together to develop a treatment plan for individual victims. The plan covers all of the victim’s practical needs to ensure safety and security in the home and during transport, and legal interventions to deal with issues such as eviction orders, living wills, power of attorney, and recovery of property. The social workers and lawyers together advocate with the local authorities to ensure that the dependent person’s needs are met.

- Remaining connected with the local community is important in preventing abuse of elderly people. Social isolation increases vulnerability. In some countries innovative efforts are being made at the local level to prevent elderly adults from becoming isolated and lonely, for instance by bringing together young children and elderly adults in day-care centres, or arranging for elderly people who live alone to share their accommodation with a student. These and other means of keeping contact with the people around them play an important protective role.

To bring us up to date from the WHO standpoint, Dr Etienne Krug, Director of the Department for the Management of Noncommunicable Diseases, Disability, Violence and Injury Prevention, kindly agreed to respond to questions on progress and prospects. His comments follow.

Dr Krug’s comments

At present it is difficult to see much progress in tackling abuse of the elderly. We work to raise awareness and hence to mobilize resources, but resources are seriously lacking for the kind of effort that is needed. The elderly have been very much neglected compared to other population groups. Most of the emphasis has been on violence against women and children.

Abuse of elderly people needs to be seen both as a health problem and an economic issue. If people remain healthy as they grow older, they cost less to the community. If they become victims of abuse, their health deteriorates. So there is a cost associated with abuse. We don’t yet know how much that cost may be, but it can be very high indeed due to the extra medical costs resulting from violence against...
elderly people, as a study in the USA has shown. Mobilizing serious political commitment and action will depend on recognition of the economic aspect as well as the health impact of abuse.

One of the main problems we face is the lack of data from most countries, especially developing countries. Most countries do not collect data on elderly abuse, and if they do, the reports may be passed to the police and/or social services and on to the national authority, but they are not sent to WHO. We do not have a system in place to collect national data on this subject and at present WHO lacks the resources to undertake this effort. More and better data are needed to show the extent of the problem and to measure progress, or worsening, of the situation over time.

On the brighter side, awareness of elderly abuse is now growing and there are encouraging examples of initiatives to counter it in several countries, such as those cited in this article. Increasing attention is now being paid to the elderly as the implications of increasing life expectancy become understood. Political commitment may be driven by demographic change. Measures to support healthy ageing are needed to avoid massive increases in health-care costs in ageing populations. Possibilities for fund-raising to combat abuse of the elderly may arise through these economic realities, as well as better recognition of what is a major health problem for a large and growing proportion of society. Abuse of the elderly is preventable. With adequate funding, much more could be done to ensure the protection of vulnerable elderly people and to support the victims of abuse.

**Conclusion**

The attention that WHO is giving to this worldwide problem is timely and important, particularly as the problem appears to be growing. The information and guidance provided by WHO show what needs to be done at all levels, including how the general public can contribute. Readers of QNT are encouraged to discover the excellent documents and illustrative material online. At the very least we should be aware of how to recognize cases of abuse, know how to react, talk about it with those around us – and understand how we can take practical measures to protect ourselves against any potential risk of abuse in the future.

*Very appreciative thanks are due to Dr Etienne Krug for kindly discussing the current situation and outlook, and to his colleagues for helpful information.*

*Lindsay Martinez*

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**RETIREES AT THE SERVICE OF WHO**

At the AFSM General Assembly Dr Tedros, Director-General, announced that he would like to encourage former staff to become a resource in the work of WHO. AFSM had a chance to put this objective into practice during the end-of-year holidays at HQ.

An exchange of emails between SHI and a former staff member, copied to AFSM, alerted the Executive Committee to the short staffing of SHI at the end of December, which threatened to delay the planned despatch of their documents to all SHI participants in mid-January.

This prompted two AFSM members to volunteer their services to undertake any tasks for SHI that could be useful to them.

Time-consuming tasks that needed to be done immediately were a thorough proof-reading of the next SHI Newsletter, and the drafting of a short article. One of the volunteers was available to go into WHO the very next day and the tasks were accomplished. Both the retiree and SHI appeared to be pleased with the experience.

*Keith Wynn*
Balance disorders and problems in walking in older people

Whatever their specific causes, balance disorders and problems in walking are important risk factors for falls and thus represent an increased risk of hospitalization, disability and death.

Balance disorders

Common in older persons, such disorders must be taken seriously because they may be related to a neurological problem or other health condition. They are mainly experienced when walking or when the person stands up. They can be more or less severe (leading to falls), interfere with daily tasks, be associated with other symptoms (pain, muscle weakness, vertigo, etc.). They can be extremely handicapping in daily life and restrict considerably a person’s autonomy.

Their causes are numerous, and include:

- certain medicines, in particular psychotropic drugs (benzodiazepines, neuroleptics, antidepressants) antiepileptics/anticonvulsants, and drugs used in cardiology
- troubles of the inner ear, or the cerebellum (balance organs)
- neurological disorders
- muscular problems
- orthostatic hypotension – very common in older persons (drop in blood pressure when getting up)

In the event of severe vertigo, possible causes include (see also QNT99 April 2015):

- Ménière’s disease
- vestibular neuritis
- benign paroxysmal positional vertigo (episodes of dizziness with certain movements of the head)

Other possible causes

- hypoglycaemia (drop in blood sugar)
- intracranial hypertension (e.g. tumour)
- multiple sclerosis
- migraines
- epilepsy
- Parkinson’s disease
- decrease in visual acuity

The solution obviously depends on the cause, hence the need for a thorough medical evaluation.

When loss of balance is linked to the consumption of certain medicaments the dosage must be lowered or the drug changed.

In other cases, depending on the ailment, it will be possible to relieve the symptoms through medicinal treatment or re-education.

The prevention of falls is of utmost importance because of the risk of fracture and serious complications. The home environment must be adapted by getting rid of obstacles, removing rugs, and enabling the carers or emergency services to be rapidly alerted (e.g. by wearing an electronic alarm bracelet).
Problems in walking
These problems are also common in older persons. One-third of those aged 65–74 years and two-thirds of those over 85 years encounter difficulty in walking 400 metres. A recent study showed that over one-third of persons aged 70 years or more living at home had difficulties in walking, ranging from 24% in those aged 70–74 to 46% in those aged 85 or more.

Normal walking is automatic, unconscious and coordinated, resulting from interaction between the nervous and musculoskeletal systems. Characteristics of walk vary from one person to another, with a tendency to a 15% decrease in speed every decade after 70 years. This decrease seems to be mainly provoked by a reduction in the length of step rather than the pace of walking. In men and women aged 70–79 years in good health, walking speed is normally about 1.2m/sec and 1.1m/sec respectively.

Problems in walking are numerous, and include:
Unstable, uncoordinated, unsteady gait, motor deficiency of osteo-articular origin, limping, foot drop, duck walk, small steps, hesitancy, decrease or increase in arm swinging, half turn block, stiffness, irregular and unequal steps, arms wide open, cautious walking, shortening of steps, slowing of speed, difficulty in starting out, blocking.

They indicate a greater risk of subsequent adverse incidents, as well as being one of the principal risk factors for falls. According to a prospective study, a speed of less than 1m/second correlates with a 50–60% risk of a fall occurring within 5 years. These troubles also indicate an increased likelihood of cognitive disorders and functional decline.

In another study, problems with walking preceded the onset of non-Alzheimer type dementia within five years.

In general, such problems are an excellent indicator of fragility in older persons: it is important that they be evaluated because they can provide precious diagnostic and prognostic information. Such evaluation is easily carried out in a doctor’s surgery and enables appropriate treatment to be decided and the follow-up to be planned.

A range of pathologies can give risk to walking and balance disorders in older persons, including neurological and musculoskeletal problems, cardiovascular disorders (peripheral arteriopathy, orthostatic hypotension, cardiac insufficiency,) or respiratory disease (e.g. chronic obstructive pulmonary disease, COPD). Certain medicines, particularly psychotropic drugs, can also have a role.

Evaluation of walking problems by diagnostic tests
Timed ‘Up and Go’
This very simple and rapid test consists of measuring the time required to get out of a chair, walk 3 metres, turn 180 degrees, return to the chair and sit down. Time more than 14 seconds is linked to an increased risk of falling.

Double task tests
These tests consist of evaluating walking while an additional task is being carried out, for example, talking, counting backwards, or carrying a glass of water. In a study conducted in older persons in a care home, the fact of stopping walking when a conversation was engaged predicted a fall within six months with a high degree of accuracy. This very simple test can, for example, be done while the patient is going from the waiting room to the consulting room.

When walking problems are detected what should be done?
Three types of intervention can be envisaged:

To improve walking
Depending on the causes of the problems, a programme of physical exercises, for example in the context of a “gym for seniors” group or under the supervision of a physiotherapist, may be proposed. Hospitalization for re-education in walking may also be required for the most fragile patients.

Treatment with certain medicines, in particular psychotropic drugs, should be adapted. Treatment of cardiovascular or pulmonary ailments can also
improve performance. If necessary, specialised care for certain neurological, osteo-articular, or muscular problems should be envisaged. And aids (such as walking sticks, walking frames or orthotics) which help to make walking easier and safer can be prescribed.

**Prevention of falls**
Walking problems being a major risk factor for falls in older persons, interventions for their prevention, whether of primary or secondary type, are an integral part of the management of such problems.

**Prevention of functional decline**
As older persons with difficulty in walking are particularly fragile and at risk of functional decline, measures to support and preserve functional independence for as long as possible are important. This includes tertiary prevention (reducing the consequences of potential falls), and can imply a comprehensive geriatric evaluation, associated with multidisciplinary interventions, in order to improve the functional prognosis of such persons.

**Conclusion:** Physicians taking care of older people are frequently confronted with problems in walking. Evaluation is facilitated by the use of standardized methods enabling patients at high risk of adverse incidents to be identified. Preventive measures and treatment can improve the functional prognosis of these patients. Therefore do not hesitate to consult your physician if you experience even minor problems with balance or walking.

_David Cohen_

**Sources:**
Taken from: Rochat S, Büla CJ, Dunand G. Chutes et personnes âgées. _Prim Care_ 2006;6:200-3.


Tinetti ME, Williams TF, Mayewski R. Fall risk index for elderly patients based on number of chronic disabilities. _Am J Med_ 1986;80:429-34. [Medline]

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**READERS’ LETTERS**

Dear Dr Cohen,

From the January issue of the AFSM Newsletter I learn that you are retiring as editor after 15 years in office. Over the years I have greatly admired the work you put into the paper and have been grateful to you for letting us republish some of your articles in the _ILO Message_.

Although I have officially “retired” as editor we have unfortunately not been as lucky as you to find a successor at the moment. But the show has to go on in the case of your magazine as well as ours, if we are not to lose contact with our former colleagues. With warm regards,

_Ivan Elsmark_ Section of Former ILO Officials

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**FORMALITIES CONCERNING THE DEATH OF A WHO RETIREE**

_A guide for WHO retirees and survivors to ensure continuity of the UN Pension and of the WHO Health Insurance_

Further to the information already provided in Quarterly News 107 (April 2017), _Formalities in the event of the death of a WHO retiree_, and in collaboration with our Committee, our colleague Michel Fèvre has provided additional details on the formalities that should be completed to secure the survivor’s Pension and Health Insurance benefits, with the advice and encouragement that much of this could be prepared in advance.

This guide is sent to you together with this issue of the Quarterly News. Our readers are invited to read it and send us their comments for improving it further.
LET’S GO WALKING!

Walking is free, and it’s good for you

Over forty years ago, I launched a campaign in EURO which started with a flyer entitled “WHO is fit?!”. It was meant to be both a rhetorical question and/or a statement. I suggested that people tried to run for a kilometre, or for five minutes, without stopping. Maybe it wasn’t as easy as it sounded, as we were soon given permission to start the first fitness centre in a basement of one of the office buildings. I was also fortunate enough to be involved in the creation of the Headquarters fitness centre more than 25 years ago. It is very satisfying that it is still going and remains open to WHO staff and WHO retirees. The WHO Running Club is still very active and the changing rooms are very crowded every lunchtime.

But as we reach the time of our lives when we are tempted to seek less strenuous forms of exercise, we should pay careful attention to WHO’s own and other health bodies’ advice on the benefits of regular physical activity. It seems that every day in the press, we are advised to take brisk walks to improve our health. The Times of London recently reported on a study that found that older people might halve their risk of catching a cold if they walked briskly for half an hour five times a week.

There are, of course, many other benefits of exercise including preventing and combatting a wide range of health problems. The American Heart Association recommends that we walk 10,000 steps a day to keep fit. You may wish to set yourself a lower target to begin with, but the recommended level is quite achievable for someone who is reasonably active. Nowadays, it is very easy to monitor the number of steps by wearing a simple exercise bracelet, some models of which also give you interesting data on sleep patterns, resting heart rates, calories burnt, distance walked, etc. Just walking around your home and the shops may only give you around 2,000–3,000 steps a day, so I find wearing one motivates me to get out to get those paces in. They are not expensive and are readily available in sports shops and on the internet.

Of course, it is easy to find local routes for a short daily stroll and for those of us who live in the Leman Region, we are spoiled for choice for longer excursions. The Alps and the Jura Mountains provide almost unlimited possibilities for magnificent hikes of varying difficulty. Many of these walks can be combined with a refreshing drink or lunch in one of the mountain refuges that abound in this region. There are plenty of excellent guidebooks and also, a number of walking groups that would always welcome new members. If you are a novice mountain walker, it is worth investing in some decent boots, a light rucksack and collapsible hiking poles. I can assure you that you will be amazed at the beautiful flora, fauna and vistas that you will experience and how often you will be in the sunshine above the famous Geneva stratus cloud. And you don’t need to stop exercising when winter sets in as particularly the Jura and the Salève offer wonderful areas to practise snow-shoeing. But that’s another story...!

Walking is free, can be practised at almost any age and is very enjoyable, so let’s get out there!

Richard Saynor

For information on local walking groups contact Richard Saynor via afsm_aoms@who.int

A WHO retiree approaching the Cornettes de Bise in the Haute Savoie. Photo: Richard Saynor
BOOK REVIEW

The World Health Organization, achievements and failures.
Yves Beigbeder

This book, the third by Yves Beigbeder on the World Health Organization, reviews and assesses WHO past and current achievements, including on-going operations and reported problems or failures.

As mentioned by the author, the main and most critical issue of WHO has been the progressive and vertiginous loss of control of the regular compulsory budget. A progressive privatization of the Organization is currently taking place. In less than 25 years the budget went from more than 50% financed through public funds, constituted by assessed contributions, to currently only 18 to 20%. Approximately 80% of the WHO budget are voluntary contributions channelled to health priorities decided by the funders and not the governments, members of the organization.

Another important problem, analysed in this book is the dilemma between a normative agency in charge of formulation and creation of international standards; the administration of the international health code regulations and the creation of binding agreements in global health versus a humanitarian agency that implements projects that have been financed by international charities or other UN agencies. Many ideas and analyses in this book could help the re-orientation of the Organization. The dilemma more than ever is between what a few donors of the Organization want, what the Organization does, and what the world needs today from a United Nations agency devoted to health.

For those who still believe in the role to be played by the United Nations in the area of health and even more, for those who want to provide solutions and contribute to the future leadership of WHO, the present book by Yves Beigbeder is an indispensable work.

Germán Velásquez
Special Adviser for Health and Development
South Centre, Geneva

AFSM ELECTIONS 2018

Message concerning elections to the Executive Committee

This year, as we do every two years, you will be asked to elect the 12 members of your Executive Committee, and in early May you will receive a call for candidatures.

For the past several years the work of the Association has expanded considerably and we now have an added perspective, in particular because of the interest the new Director-General has shown towards former WHO staff. The Committee has an urgent and vital need for new members who can participate in these developments.

For practical reasons the Committee members must live in the Geneva region or neighbouring France. However, wherever you reside – even if you do not wish to become part of the Committee – you should consider the possibility of offering to help us with specific projects.

Do not hesitate to contact us now for further information.

The AFSM Executive Committee
Pensions: New developments

Subsequent to my last two articles on pensions, it is time to update you on the current developments. Of course, all the comments will be mine and do not reflect any position of AFSM nor of AFICS.

The first good news is that the previous Representative of the Secretary General (RSG) in charge of Investments of the Fund – Ms Carol Boykin – has been replaced. It is not that I personally did not like her – I did not even know her. But her performance left a lot to be desired and the method of her appointment was not transparent. The current SG – Mr Gutteres – has had the courage to appoint a new RSG who has had extensive experience managing the investments of the World Bank pension fund.

The second news is that the current CEO of the Fund – Sergio Arvizu – has been re-appointed for a period of three years as originally recommended by the Pension Board in its meeting in July 2017. Mr Gutteres has confirmed the appointment and indicated his intention of monitoring his performance on an annual basis. It also appears that Mr Arvizu has been on extended sick leave – hopefully not as a reaction to the controversies surrounding him.

This has not stopped the attacks by the UN Staff Association who claim that Mr Arvizu has been put on “probation”. I don’t think anything can be further from the truth – annual performance appraisal is what all staff expect in the UN system. Similarly, while Carol Boykin was never formally appraised (as indicated and recommended by the UNGA resolution in 2016), we hope the new RSG will be appraised on a regular basis.

The third good news is the financial health of the Fund. The last year witnessed a remarkable rise in the equity market all over the world and the Fund has also benefitted from it. It appears that the assets of the Fund have increased from 56 billion USD to 64 billion USD as at the end of November 2017. Most likely there will be a correction and a consequent fall in the value of the assets of the Fund.

I shall make a few personal comments.

• The newly instituted IPAS system to digitize the Pension Fund operations seem to be working fine now. It was the teething problems of the system that initially brought howls of protest against the CEO and it was not helped by his constant refusal to acknowledge the shortcomings and pretend everything was as normal as ever.

• The attitude of the Pension Board Chair and FAFICS President have been puzzling. They have also defended the CEO even when there were definite grounds for criticism – as well as asserting that everything was working well “if people only knew”.

• There have again been communications sent out from the Fund’s headquarters in New York taking all the credit and not acknowledging the work of other Offices e.g. that of Geneva.

• The FAFICS President has, among some misleading statements, underlined the exclusive authority of the Pension Board to appoint the CEO and the sole fiduciary responsibility of the SG for the assets – which begs the question as to the expertise of the SG in this area and the impossibility of his task. Neither FAFICS representatives nor the Board have proposed any measure to keep the performance of the Fund’s assets under review in order to assist the SG.

In spite of the shortcomings of the Pension Board and the infighting among the Participants’ Representatives, the assets and the functioning of the Fund seem well placed and we retirees can breathe a sigh of relief.

Dev Ray
NEWS FROM WHO

AFSM meet the DG

By the time you receive this issue of Quarterly News we hope that you will have read the remarks made by Dr Tedros, Director-General, at the AFSM General Assembly on 5 October 2017 (see January QNT issue 110). Your Executive Committee was delighted that Dr Tedros was able to attend the Assembly and even more so to hear that he would like to strengthen collaboration with former staff and would welcome their contributions to the achievement of WHO’s objectives. As a follow-up to this statement, the two of us in our capacities of AFSM President and Vice-President, met with Dr Tedros on 14 December. He welcomed us warmly and without hesitation approved our proposal to create a pool of former WHO staff who could and would be willing to contribute to WHO’s objectives. The outcome of this meeting led to the letter which we hope you have all received with documentation on WHO Staff Health Insurance (SHI). The AFSM is very grateful that SHI responded favourably to the request for the letter be sent out, with SHI documentation, to all former staff who are SHI participants.

If any AFSM members have not received the letter and are interested in responding to this initiative by the DG, please consult the AFSM website where the letter is posted, or send us an email and we will forward the letter to you. We emphasize that this does not necessarily mean paid assignments.

As stated in the letter, this is the first time ever that a Director-General demonstrates an interest in using the experience and skills of former staff and we are indeed honoured to be entrusted with such an assignment. We hope that many AFSM members and other former staff will respond positively and be willing to take part in this initiative.

Jean-Paul Menu and Sue Block Tyrrell

Executive Board – 142nd Session

The Board met from 22–27 January 2018.

In his address to the Board (http://www.who.int/dg/speeches/2018/142-executive-board/en/), Dr Tedros Adhanom Ghebreyesus, Director-General, first paid tribute to the many health workers killed whilst carrying out their work, including two polio workers shot a few days earlier in Pakistan.

Dr Tedros then referred to some key milestones in 2018 – WHO’s 70th birthday, the 40th anniversary of the Alma Ata Declaration and the 100th anniversary of the Spanish flu pandemic. 2018 will be an important year as it will determine the future of WHO based on the foundations of the 13th General Programme of Work, revamped resource mobilization, and the transformation of WHO under a strong and talented leadership team with gender parity and greater geographical diversity.

The DG referred to key recent events: strong political momentum on noncommunicable diseases and TB which will both be on the agenda of the UN General Assembly later this year; a new initiative to combat the health effects of climate change in Small Island Developing States; new agreements signed with the
World Bank, the UN Environment Programme, the UN Framework Convention on Climate Change and others; a new process of engaging with civil society organizations; and the Universal Health Coverage (UHC) Forum. Universal health coverage will be the theme for World Health Day 2018 and the World Health Assembly. The DG will be sending a letter to all heads of state to ask them to join the Global Challenge on UHC.

Regarding outbreaks and emergencies, these will be run like a national security council and there is a fortnightly meeting of a new Health Security Council in WHO which reviews all emergencies in detail. WHO is mapping the capacities of all countries to contribute to a global “health reserve army” which can be rapidly deployed to respond to emergencies. Member States will be asked to commit as many people as possible and to fund their deployment within 72 hours. Country capacities will be strengthened to prepare for and respond to emergencies, and WHO’s country offices will likewise be strengthened, with greater delegation of authority, as their staff are the true stars of WHO.

Dr Tedros stressed that the WHO secretariat cannot work alone and needs the support of Member States, notably on three fronts: at home, to commit to action towards universal health coverage; globally, to commit personnel and resources for their deployment in response to emergencies; and for WHO, to commit to un-earmarked funding in order to put countries at the centre and drive progress towards the Sustainable Development Goals.

The Board’s first resolution, following the nomination of the Regional Committee for the Americas, was to reappoint Dr Carissa Etienne for a second five-year term of office as PAHO Director and WHO Regional Director for the Americas from 1 February 2018. Other Regional Directors are: Dr Matshidiso Moeti, AFRO; Dr Zsuzsanna Jakab, EURO; Dr Poonam Singh, SEARO; Dr Shin Young-soo, WPRO; and, at its 2018 meeting, the Regional Committee for EMRO will consider the appointment of its Regional Director to replace Dr Mahmoud Fikri following his untimely death in October 2017. Dr Jaouad Mahjour, Director of Programme Management, is the Acting Regional Director.

Recommendations were made to the World Health Assembly to adopt resolutions, notably on:

- Approval of the Thirteenth General Programme of Work, 2019–2023, noting that this approval does not imply approval of the financial estimate presented to the Board of USD 10.8 billion over the five-year period
- Preparation for the high-level meeting of the UN General Assembly on ending tuberculosis
- Addressing the burden of snakebite envenoming¹
- Endorsement of the WHO global action plan on physical activity 2018–2030
- Improving access to assistive technology
- Amendments to the Staff Regulations to reflect more than one Deputy Director-General

Decisions were taken on:

- Implementation of International Health Regulations (2005): draft five-year global strategic plan to improve public health preparedness and response, 2018–2023
- Polio transition planning
- Addressing the global shortage of, and access to, medicines and vaccines
- Global strategy and plan of action on public health, innovation and intellectual property
- Health, environment and climate change
- Maternal, infant and young child nutrition
- Pandemic Influenza Preparedness Framework for the sharing of influenza viruses and access to vaccines and other benefits
- Evaluation of the election of the Director-General of the World Health Organization
- Engagement with non-State actors.

¹ Snakebite envenoming is the disease resulting from the pathological and pathophysiological alterations induced by the deleterious action of venom injected in the body as a consequence of snakebite
Highlights of other news

- On 1 December 2017, WHO and the Global Fund to Fight AIDS, Tuberculosis and Malaria signed cooperation and financing agreements, amounting to an estimated USD 50 million to strengthen collaboration in the fight against the three diseases.
- On 7 December, WHO launched a web-based platform – the Global Dementia Observatory – to track progress on the provision of services for people with dementia and for those who care for them, both within countries and globally. As the global population ages, the number of people living with dementia is expected to triple from 50 to 152 million by 2050.
- On 29 January 2018, WHO’s first release of surveillance data on antibiotic resistance collected through the new WHO Global Antimicrobial Surveillance System (GLASS), revealed high levels of resistance to a number of serious bacterial infections in both high- and low-income countries.
- On 5 February, WHO issued information on the first year of activity of the Global Observatory on Health Research and Development - this initiative gathers information to provide an accurate picture of where and how R&D monies are spent in order to help governments, funders and researchers to make better decisions on investment and policy-making priorities. Striking gaps and inequalities have been identified - for example, in Singapore there are an estimated 1140 health research workers per million inhabitants, compared to just 0.2 in Zimbabwe.

Further and more up-to-date information can be found on the WHO website – www.who.int

Sue Block Tyrrell

READERS’ LETTERS

How to grow older in good health

While I very much enjoyed reading the article of the former Editor-in-Chief, David Cohen as to “How to grow older in good health” (QNT 110) and the main three thrusts to follow, is this not a wake-up call for us to alert and give advice to our children and grand-children to follow a well-balanced diet which is not included in either primary or secondary school health curricula?

Avoiding excessive salt, sugar and fat, all contained in junk food and soft drinks, happily advertised and introduced to the youth, and prohibited after falling sick, coupled with a lifetime medication?

Leading a healthy lifestyle is related to our mindset with positive thinking and beliefs. It is said that your mind does what you instruct it to do. For example, if you keep on saying I can hardly walk then your mind will obey you and make it difficult for you to walk. This is applicable to many other aspects in life. If you believe that junk food deteriorates your health then automatically your mind will reject eating it.

On the other hand, it is very important to keep your contacts, short visits, some exercise (with correct deep breathing), and hobbies always active, to a possible extent, which result in communicating, exchanging positive news, learning new stuff, getting across opportunities for an occupation for keeping the mind busy. Grab any opportunity without regrets, life is too short!

The things that you schedule are the things that get done. It is known that loneliness and stress result in Alzheimer’s disease, also called the devil’s workshop.

Sonia Thomas Miskjian
David Cohen – 20 years serving the Association

David Cohen has just handed the baton of Editor-in-Chief of the Quarterly News to Keith Wynn. Moreover, May 2018 is the 20th anniversary of David joining the Executive Committee of AFSM. So, in spite of David’s modesty, I thought that it would be a good moment to briefly remind our readers of his multiple contributions to our Association.

We all know David as the Editor-in-Chief of Quarterly News (2003–2018), having taken over from Peter Ozorio. Many will recall that he succeeded Daniel Flahault in organizing trips and cruises (2006–2016). Those with the longest memories will remember him as one of the retirees’ representatives in the Staff Health Insurance, when this function was assigned to the Association (2004–2012). But who still remembers his term as President of the Association from 2000 to 2004?

I first met David in 1997. He had just retired after an initial two years as a scientific translator at WHO, followed by 16 years’ service as a Physician in the United Nations Joint Medical Service in Geneva, finishing off with four years at CERN.

Concerning the Quarterly News, it is pointless to expand on this, the readers being the best judges ever since issue number 51. Among many improvements, David, with the help of Roger Fontana, obtained an agreement to print the cover pages in colour, allowing us to publish better quality photos.

I asked him a few questions requesting brief replies due to limited space in the Newsletter.

**JP:** Tell me how you came to be involved in AFSM

**David:** In May 1998, Rajindar Pal, who was then President of AFSM, asked me, together with Roger Fontana and Averil Foster, if we would agree to be co-opted to the Executive Committee. All three of us accepted (with no specific assignments allocated). The Committee was not functioning very well at that time, so it had been decided to organize a working group to find solutions. Alain Vessereau invited me to be the coordinator of this group. It was decided to organize elections for the year 2000. And it was then that I was elected as President, with Roger Fontana and Roberto Masironi as Vice-Presidents.

**JP:** As President from 2000 to 2004, you were the originator of several major changes in the functioning of the Association, created in 1989 by Alain Vessereau. Please explain your concerns and actions during this period.

**David:** Under my presidency we decided to organize a General Assembly, something that had never taken place before, and we gave independence to AFSM (which was then still part of the Staff Association) all the while retaining strong administrative and amicable links with the Association. We also thoroughly revised the Statutes, including alternating elections every two years with the General Assembly, with a mandate, renewable only once, for the President and the Executive Committee. The first General Assembly took place in 2001. With Roger Fontana we also introduced the first anti-flu vaccinations in October 2005.

**JP:** The first trip you organised was in 2006. And after that?

**David:** After two trips touring Morocco, and then Andalusia followed by a river cruise in Portugal, we...
continued with cruises with daily excursions, our participants preferring this formula, which avoids having to pack bags every day.

**JP:** And so to Staff Health Insurance? What do you feel was your most significant contribution?

**David:** I was able to make progress on the modification of long-term care to eliminate the degressive reimbursement of long-term nursing care, continuing the work of my predecessors, notably Alain Vessereau.

**JP:** And your biggest regret?

**David:** Not receiving an invitation to meet the Director-General, despite our excellent relations. However we should not overlook Dr Lee's surprise visit to one of our General Assemblies.

This disappointment has since been rectified, in 2017, with the arrival of Dr Tedros.

Our congratulations to David and we reassure our readers he is in very good health and will remain a very active member of our Committee of which he is one of the Honorary Presidents.

**JP Menu**

**ASTRONOMY**

**The sky for April-June 2018**

Jupiter is back! After seven months without a bright planet easily visible in the evening sky, at last there is something to look at. And just in time, too, for those in the northern hemisphere at least, because now that the clocks have changed you have to stay up quite late to get a dark sky to find those deep-sky objects such as nebulae and galaxies.

However, Jupiter is so bright that it dominates the eastern sky, starting to become obvious about 9 pm in April, and earlier during June. It is at opposition on 9 May, which is when it is opposite the Sun in the sky, so is due south at local midnight (or due north in the southern hemisphere). This is when it is at its closest and brightest, though it will still be around into September.

Jupiter is always good value for observers because even with binoculars you can see up to four bright moons, moving from night to night. Telescopes show its equatorial bands and if you are lucky the Great Red Spot, a giant storm in its cloud tops.

However, Jupiter is not the brightest planet around, because Venus is putting on a show as well, over in the western twilight sky after sunset. It sets an hour or two after the Sun, though it is higher as seen from the southern hemisphere than the north.

For more information about the night sky, visit the Society for Popular Astronomy’s website, [www.popastro.com](http://www.popastro.com).

*Article kindly provided by the British Society for Popular Astronomy*
AFSM News from Around the World

AFSM-Manila We are a little late reporting this excellent news from Manila, having only just learnt about it on their Facebook page.

On 10 September 2017 our AFSM colleagues in Manila in the Philippines held a meeting (pictured) with the Regional Director at WHO/WPRO. As a result of this Meeting AFSM-Manila was officially recognized as a Retirees association in WPRO. The RD has also agreed to allocate a small office within the premises and for AFSM to be given access to printing/photocopying facilities. Our congratulations go to AFSM-Manila for this well-deserved recognition, and to the Regional Director for this excellent initiative.

AFSM-Manila held its traditional Annual Reunion and Christmas Party celebration on 23 November 2017 at the WPRO premises. The current Directory of Officers of AFMS-Manila who made this event possible is: **President:** Dr Linda Milan. **Vice President 1 & Liaison AFSM-Geneva/Pension Matters:** Mr. Romulo "Romy" Murillo. **Vice President 2:** Ms. Thelma Ballat. **Secretary:** Mrs. Lydia Manuel. **Assistant Secretary:** Mrs. Elvira "Bing" Javier. **Treasurer:** Ms. Lourdes "Lou" Rodriguez. **Assistant Treasurer:** Ms Coazon "Cora" Nery. **Auditor:** Mrs. Pilar Topacio. **PRO:** Ms. Annie Nanoz. **Liaison-SHI Matters:** Mrs. Pilar Topacio, Mrs. Estelita "Lilet" Valdez. **AFICS-PH Representative:** Mrs. Diane Regudo. **Sub-Com on General Reunion:** Mrs. Elvira "Bing" Javier, Mrs. Lily Balinghasay, Mrs. Emerita "Emmie" Nones, Mrs. Corazon "Cora" Omega.

**Romulo "Romy" Murillo**

AFSM-Africa provided this tribute to Professor Monekosso who died 19 November 2017 (the obituary appears in the In Memoriam section)

"From Mediocrity to Excellence"

*Your battle-cry became your way of life that you carried with you to the end, to build an effective health care system.*

*Unrivalled leader of men with a gifted mind, your unbridled desire for Excellence fascinated, stunned and even sometimes infuriated your motley throng of followers who rushed to achieve Health for All and by All.*

*Emeritus scholar, perfection was your obsession. All your staff was ever ready, hypnotized by the very sight of the mythical green ink pen that you used. Staff members worked hard, with all their heart, their know-how, and with guts!*

*With unshakeable conviction, your proposed “Three-phase Health Development Scenario for accelerating the achievement of Health for All Africans” took off in the face of hardship and has since emerged as a remarkable health planning tool. This legacy is significant in these difficult times when mediocrity appears to prevail over the ideal and Sacred.*

*A dreamer to the end, your dream of an effective health system, supported by the entire community to offer sustainable health care, was definitely not prepared for your departure.*

*Clear-headed to the end, your vision is now a source of inspiration for young people who commit each day to the exhilarating path of Excellence, and the rejection of Mediocrity.*

*Dear Master, dear Mentor, thank you for everything and may your soul rest in peace!*
AFSM-Africa also informed us of the radio interview on RFI (Radio France International) following the election of Dr Tedros, the first African to be nominated Director-General of WHO. This can be found, in French only, at http://www.rfi.fr/emission/20170524-est-une-fierte-legitime-voir-africain-tete-oms?ref=fb and also an article/interview with Dr Tedros on the RFI website at http://www.rfi.fr/afrique/20170524-oms-le-nouveau-patron-tedros-adhanom-ghebreyesus-presente-son-programme

Kalula Kalambay

AFSM-Eastern Mediterranean. This being our first report of former staff in the Eastern Mediterranean, we would like to provide a short background to our activities. Following the relocation of the Regional Office from beautiful Alexandria to Cairo in September 2000, some staff were obliged to leave WHO because of their commitments, but many moved to Cairo. However, upon retirement many returned to Alexandria. These former staff are very active, meeting every Wednesday at the Alexandria Sporting Club (should anyone like to join us), to enjoy the sun and green fields over coffee. The main topic of interest and discussion is news of WHO, considered their second home! During Ramadan they often organize an ‘iftar’ (communal evening gathering to break their fast together). Smaller groups also meet for coffee. Daily contact is through ‘WhatsApp’ be it happy or sad news, and includes former colleagues/retirees living in Kuwait, Italy, Geneva, USA, Canada and Australia.

After retirement our colleague Ms. Afaf Mashaal enrolled in a painting course at Cairo University. Once a week she drove from Alexandria to Cairo and back. She now also paints on pottery, and participated in a number of Christmas bazaars proudly displaying her beautiful hand painted items. Her work can be seen on Facebook page https://www.facebook.com/Painted-Flower-Pots-1676576469313483/ I wish to take this opportunity of wishing a belated Happy Nowruz to our Iranian colleagues around the world.

Sonia Thomas Miskjian

Invitation to members of AFSM from BAFUNCS

The British Association of Former United Nations Civil Servants (BAFUNCS) will for the first time hold their Annual General Assembly and Annual Reunion in Geneva, on 11–13 May 2018.

Two eminent speakers have accepted to address the Annual Reunion and BAFUNCS is inviting members of AFSM to attend these sessions. This year they have been fortunate in engaging Dr Kofi Annan to participate in the Saturday session, 12 May from 11.00 until 12.15 entitled: "Let’s talk – The Secretary General and mediation". David Harland, Director of the Centre for Humanitarian Dialogue has been engaged for the Sunday session, 13 May from 10.00 to 11.00 and will speak about: "So-called Weak Mediation: the increasing Role of the NGOs".

There may still be some places and AFSM members interested in attending may obtain more information from the Convenor/Registrar at registrar2018@bafuncs.org.
IN MEMORIAM

Professor Gottlieb Lobe Monekosso, born 13 November 1928, died 19 November 2017 in Cameroon

Dr Monekosso undertook his medical training in Nigeria and the United Kingdom where he obtained a Doctor of Medicine (MD) in 1957. After various WHO assignments and having been Director (Dean) of the University Centre for Health Sciences in Yaoundé, he was elected Regional Director for Africa of the World Health Organization, completing two five-year terms of office from 1985-95. He was then appointed as Minister of Public Health of Cameroon in 1997. Dr Monekosso has been credited with implementing the concept of “Health Districts” to bring health centres even closer to remote and isolated locations in the continent.

In 2012, he was honoured in London with the Gold Medal for the Prestigious “Queen Elisabeth II” competition, organised by the Royal Society of Public Health among professionals of the Commonwealth.

Adding to these international achievements, Dr Monekosso also impacted his native Cameroon with an unparalleled set of health policies and activities which still benefit the average person in the country today. For the past five years, he has also been at the helm of Global Health Dialogue, a Douala-based NGO dealing with health issues.

Professor Monekosso published his memoirs called "Travels without a stethoscope" with a foreword by Dr Mahler.

AFSM Executive Committee

Professor Thambipillai Varagunam, died 4 February 2018 in Sri Lanka

It is with great sadness that I announce the death of my father Professor Thambipillai Varagunam (known to his friends as “Muggy”) on 04/02/2018. He worked for WHO from 1980 to 1990, researching tropical diseases and human reproduction and made many friends in Geneva who have kept in touch with the family. He cherished working in Geneva and brought all his experience back to Sri Lanka where he spent most of his time helping and directing medical education in Sri Lanka.

My father was well respected in Sri Lanka. The thousands who came to support us in caring for him, helping my mother during the last few days of his life and who came for the viewing and the funeral were a testimony to his popularity.

Mira Varagunam Vasanthan

Death report1 sent by UNJSPF Geneva Office and forwarded by AFICS, and other sources

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1 Deaths already notified have not been repeated in this list
NEW WHO PROJECT: THE GLOBAL COOPERATION ON ASSISTIVE TECHNOLOGY (GATE)

Over one billion people in need of assistive products

WHO estimates that more than one billion people around the world are in need of one or more assistive products (e.g. wheelchairs, hearing aids, spectacles, magnifying glasses). Assistive products have traditionally been associated with people with disabilities. This is no longer the case - as we are all living longer and with NCDs on the rise - we will all need assistive products during our lives. However, today only one out of ten people who need assistive products have access to them. To address this, WHO established the Global Cooperation on Assistive Technology (GATE).

When people do have access to assistive products, it is often without proper assessment, fitting, advice, and access to spare parts. As a result, rates of abandonment are high, and at worst, assistive products can cause harm (e.g. a wheelchair can cause a person with a spinal injury to have life-threatening pressure sores). Access is often fragmented – people often have to attend multiple appointments in different locations just to access common devices like walking aids, spectacles and hearing aids.

As part of its work to increase access, GATE is developing a series of short tutorial videos which will show how to correctly assess, fit, use and maintain a range of simple assistive products. These videos will be freely available on YouTube. They will also feature in a series of WHO online learning modules about safe and effective provision of simple assistive devices. These modules will be aimed at community-level health workforce, who could then provide people with a range of simple devices from a single point.

The GATE team are currently finalizing modules on walking aids and reading glasses. We will soon be starting work on other modules and are looking for willing volunteers for more tutorial videos. We are looking for people who use any of the following assistive products: pill organizers, magnifying glasses, continence pads, white board (for reminders and time management), flashing or vibrating alarm signallers (for hearing loss), hearing aids, talking/touching watch, audio player (DAISY player).

If you think you might be interested in taking part, please get in touch with Emma Tebbutt for more information: tebbutte@who.int

You can read more about GATE's work on the WHO website: http://www.who.int/phi/implementation/assistive_technology/en/

Emma Tebbutt (WHO Technical Officer for GATE)

AFSM were contacted by GATE to enquire whether the Association could help them find local volunteers with physical disabilities willing to assist with promoting the project and demonstrating the devices in video-clips and photo-shoots. AFSM's very own Executive Committee member Roberto Masironi immediately volunteered. Here is Roberto’s account of his experience.

The first AFSM member to volunteer for a star role in a WHO training video

AFSM was recently informed of a new WHO project being developed by the Global Cooperation on Assistive Technology (GATE) to promote the use of assistive devices to assist people with physical disabilities to become more independent. Such devices range from a simple pill organizer, walking stick, rollator (wheeled walking aid), wheelchair etc., and even extend to spectacles and toothbrushes.

A GATE brochure has been published with a list of these essential devices. In industrialized countries such things are fairly common and widely known but in less developed areas of the world the existence and use of such devices are limited. Information and training need to be undertaken for such less-privileged patients.
AFSM was requested to identify among its local members whether any are affected by forms of disability needing such assistance and, if so, would they be willing to demonstrate what these devices look like and how they are used?

Because I am now quite handicapped when walking, due to broken vertebrae and other problems, I thought that my experience could be of some use to others who are also sufferers. So, I volunteered and Emma Tebbutt, the responsible WHO officer, came to my home to explain the whole project. A few days later her colleagues came back to pick me up with my rollator. Sadly, due to my disability, there was no question of taking the bus. At WHO I went to meet Emma, and a photographer and her two assistants.

The filming session started with an introduction to the mechanical aspects. The team dismantled parts of the rollator, adjusted the brakes and connecting cables, showed me the correct height of the handles, plus a few other adjustments that users can undertake by themselves if required. I noted with satisfaction the seat for rest pauses and the carrying basket for small items of shopping. This first session was held in WHO, in what used to be the elegant staff lounge. Now it looked more like a Hollywood set. Then we moved outside to demonstrate various actions: negotiating a sidewalk, walking uphill and then downhill, simulating catching a bus, turning this way and that and several other exercises. Then we went to a pharmacy to demonstrate how one enters and leaves using a rollator. The photographer was kept busy filming and taking still shots.

The whole exercise took around three hours. Luckily it was sunny and everybody was happy with the result, myself included. I felt that I had done something which hopefully would be useful to others affected by physical impediments. I would encourage other colleagues who would benefit from assistive technology to volunteer should GATE approach them for such a demonstration.

*Roberto Masironi*
Comment bien vieillir – Stay younger for longer

Monday 14 May 2018, from 13.45 to 17.30, Executive Board Room, ILO

This seminar is jointly organized by the AFSM, AAFI-AFICS, the Section of Former ILO Officials of the Staff Union and the ITU Former Staff Members Association.

The previous seminar organized by these associations was held in October 2014. The subject then was Isolation and we thought that it was time to renew this successful experience.

Age-related pathologies almost inevitably lead to more or less debilitating disabilities that can cause dependence and sometimes marginalization of older people. However, the individual can act to prevent this (primary prevention) and significantly delay the loss of autonomy that may follow (secondary and tertiary prevention). Prevention begins with the knowledge of these pathologies and their evolution, ways to cope with them, both through personal action and with the help of local institutions.

The seminar will give participants a better understanding of certain potentially disabling pathologies. Advice will be given on actions people can take themselves to prevent disabilities and show ways of dealing with them so that these pathologies cause the smallest possible disruption to daily activities. In addition, the seminar will provide a forum for dialogue to encourage our Staff Health Insurances to develop approaches to take into account preventative actions, especially for retirees.

Following a short introduction, which will present certain aspects of normal and pathological ageing, the first round-table discussion will examine the issues of nutrition, the role of physical activity and the importance of socialization. A second round-table discussion will focus on habitat development options, safety in the city and activities to maintain and improve physical and mental fitness of older people. Finally, we will conclude with a short session to remind us to maintain a positive attitude to life.

For these discussions we have called upon specialist doctors, groups of local associations such as the Platform of Geneva Seniors Associations, the Red Cross Societies of Geneva and Vaud, the Local Information and Coordination Centre of the Pays de Gex, Geneva Cité Seniors and the Ageesteem association.

Simultaneous interpretation in English and French will be provided.

As members of AFSM, you are of course invited. For those of you who do not reside in the Geneva area but have the possibility of attending, you will be most welcome.

We hope to see many of you at this seminar and hope it will be of help to you.

Jean-Paul Menu

SHI HELPDESK CHANGE IN OPENING HOURS

As of Thursday 1st February 2018 the SHI Helpdesk (office 2140) is changing its opening hours as follows:

Monday, Tuesday, Thursday, Friday from 14.00 to 16.00. Closed on Wednesdays.
Sometimes in life we are given the chance to live moments of pure joy which are provided by external sources. This happened to visitors of this exhibition. Perfect in its style and wonderfully set up in a location rich in mystery and history such is the Palazzo Ducale, the palace of the Doge, the highest authority in Venice. The outside façade is all whiteness and light thanks to a highly structured pattern, but inside the Doge’s presentation of power needed to have dark golden-like walls to the huge halls where justice was administered.

The exhibition was located in a hall far from these huge rooms. At the entrance, a short résumé of the Indian history explained the political situation of the region at the time when these jewels were created. In fact, these jewels belonged to the Mughals and Maharajas who in the 16th–20th centuries were the representatives of the Indian Royal families, wielding enormous political power. Then, under Mrs Indira Gandhi they lost everything. This collection was amassed by Sheik Al Thani, Qatar, and it is held in London when it is not travelling around the world.

With a stunning layout and over 270 works on display, the exhibition offered a dazzling journey through five centuries of pure beauty and the finest craftsmanship. From the descendants of Genghis Khan and Tamerlane to the great Maharaja who, in the 20th century, commissioned jewellery of unmatchable beauty and modernity from famous European “houses”.

Since ancient times, India has been famous both for its rich deposits of precious gems and the skills of its jewellers. In India, gems represent something more than just a simple ornament: each gem has a particular meaning in the cosmic order or has a particular propitiatory power. They were also used in the furnishing of court spaces, in the making of ceremonial dress and arms in order to reflect the rank, caste, land of origin or wealth of their owner.

This exhibition showcased a collection of masterpieces of the jewelled arts, evoking the splendour of the legendary Mughals and Maharajas renowned in the West for the wealth and the magnificence of their jewels. Highlights included renowned historic diamonds, gem-encrusted objects from royal courts, jewelled regalia and turban ornaments as well as creations by European houses such as Cartier made for Maharajas and inspired by traditional Indian jewellery forms.

Visitors could admire the extraordinary assortment of dynastic gems, beginning with two famous diamonds, the Idol’s Eye, the world's biggest cut blue diamond, and the Ascot II, given to Queen Charlotte, the wife of King George III of Great Britain, both designed for the Maharani of Newanagan, the latter using a 61.50-carat gold coloured diamond.

Unfortunately, all of this beauty also came to the attention of thieves who, on the last day of the exhibition, stole a pair of earrings and a brooch. The Fondazione Musei Civici di Venezia which promoted this exhibition is investigating the theft and hopes that the perpetrators will be apprehended by the police and the jewels recovered. That’s what we hope, too.

Laura Ciaffei
READERS’ TRAVELS

A dream trip

In August 2017, my husband and I visited Greenland and Iceland. **Greenland** is a magical, mystical world of ice and water and lovely colourful villages. It was a bit chilly at times, but as a local saying goes: it’s not the weather, but the people (i.e. the tourists) who are not adequately dressed. Lesson learned!

Our first stop was Aappilattoq which is tiny (population 200). Youngest is 4 months. Oldest is 81 years old. The houses are lovely painted in all colours of the rainbow. Aappilattoq is on the Prince Christian Sound, surrounded by high mountains and glaciers and with icebergs majestically and silently floating by. Breathtaking and mesmerizing. It’s very isolated as well, as in winter the harbour totally freezes over.

In Nanortalik we wandered all over the village (population 1600). Colourful houses aplenty! We also attended an *a capella* choir concert in the church in the afternoon. A real treat. Some choir members were dressed in traditional Greenlandic clothes. Icebergs were slowly floating past. Bliss!

Qaqortoq (population 2600) is huge compared to Aappilattoq and Nanortalik. It looks like a Swiss mountain village with paint thrown all over it. Colour makes all the difference! It has a real fountain as well. And plenty of icebergs. Of course!

What do I remember most? The fresh air and the stunning views. And the sound of silence; there is no traffic! So, no sound and air pollution and no traffic jams. A spirit of tranquility prevails. Pure delight!

**Iceland** is equally magical. We started our trip in Eskifjordur, a small town in the north east of the country where we hiked (yes, we did!) to the Hengifoss Waterfall. From Akureyri (the northern capital of Iceland, pop. 18.000), we went to the Myvatn Nature Baths. Floating in the pool (the water is too hot to have a vigorous swim, 38 degrees), surrounded by clouds of steam and mountain tops is pure bliss.

Tourists are the only real ‘danger’ in Isafjordur, crossing the streets in any way they like. My happy self included. The houses are painted in bright colours: red, yellow, light grey, pale green, ice blue. A feast for the eye and mind. Tourism, you may have surmised by now, is big business in Iceland. There were 4.4 million visitors in 2014. Indeed, often there are more tourists around than locals. Sometimes it gets a bit crowded. But that’s the way it is.

What do I remember most? The huge empty spaces. Iceland only has about 330,000 inhabitants, so there’s plenty of empty space around, despite the many tourists which are a very welcome source of income for the people of Iceland. And the sheer force of nature (geysers) and the ability of Icelandic people to harness geo-thermal energy to domestic ends. In Reykjavik, hot water pipes have been laid under the streets. So, in winter the snow and ice just melt away naturally. Great invention!

When coming to Reykjavik I almost had a culture shock, seeing traffic jams once again and lots of people hurrying about. And it was raining! The end of summer was upon us, as well as the end of a most wonderful trip. Lucky us. Fond memories. And an eagerness to keep on exploring. Next year?

*Tanja Ellen Sleeuwenhoek*
To Tuscany in Italy in fact. After spending six great retirement years in Montreal we decided to go back to Europe for a while, to one of its most beautiful places, Tuscany. So, from Montreal we flew to Florence via Paris, our original flight having been cancelled, we arrived in Paris one day late. The transatlantic flight seemed long - we are no longer used to it and we had a sleepless night. Then on a short hop Paris-Florence, it was great to see the Alps again, from high above.

We rented a car at the Florence airport and found our way to San Gimignano, some 60 kilometres south on the route to Siena. We decided on an Agriturismo dei Girasoli, using it as our base in a charming rural tourist site situated close to the little town of San Gimignano.

San Gimignano is a charming town situated on a hill just like many Tuscan towns. The narrow streets were full of tourists, even though it was the end of September. San Gimignano is known as Medieval Manhattan because of its tall towers. Fourteen towers are still preserved to this day, these tall medieval towers always visible. The tallest tower is known as Torre Grossa, 54 meters high and open to tourists who can attempt the climb to the top. It took me 218 steps (a good cardiac work-out) to reach the panoramic balcony. The view from the top is magnificent.

Our Agriturismo dei Girasoli was of course, like every town or village here, situated on a hill, with a magnificent view of olive groves and vineyards. The house dates from the XIIIth century, suitably rebuilt to accommodate tourists. Unfortunately, the local mosquitoes didn’t seem to care that us foreign tourists did not like them much, they swarmed in great numbers and chased us back home at dusk. In the grounds there were two persimmon fruit trees (Diospyros kaki) but the fruits were not yet quite ripe. Nevertheless, every day the landlord would find us a good tasty kaki that we would have for dessert after dinner. The view from the Agriturismo was breath-taking in every direction, a rolling landscape covered with olive groves and vineyards. Sunsets too were spectacular.

The plan for the next three weeks was to drive to a nearby town or a village, do some sight-seeing, have a slow-food lunch of antipasti, pasta, primi piatti, secondi piatti, which we would wash down with a great local wine, then have some dolce and a ristretto of great Italian coffee, everything consumed in a slow leisurely way. All the food was great but two local items were outstanding. It was cinghiale stew and pasta with white tartufi. And I simply loved the Vernaccio di San Gimignano, a great white wine.

Florence, one of the most beautiful cities I have ever visited, was established by the Etruscans in 200 BC, destroyed by Sulla in 80 BC and re-established by Julius Cesar in 59 BC. It was the birthplace of the Renaissance. “Must see” sites in the Historic Centre of the city are surely the Cathedral Santa Maria del Fiore, the Palazzo degli Uffizi, and the church Santa Maria Novella, Michelangelo’s David, Cellini’s Perseus with the head of Medusa, and many, many others.

The tower known as Torre del Mangia and the Palazzo Pubblico are the highlights of the Piazza del Campo in the beautiful town of Siena. The long history of Siena also dates back to Etruscan times. Later,
two sons of Remus, Senius and Aschius, fled Rome after their father was murdered by their uncle Romulus. The boys took with them the statue of the Capitoline Wolf and established the city of Siena.

There is no doubt that the town of Certaldo is the birthplace of Giovanni Boccaccio. We can find here Piazza Boccaccio, Casa di Giovanni Boccaccio, Poggio del Boccaccio, Via Boccaccio, centro studi sul Boccaccio, biblioteca interamente dedicata a Boccaccio, Boccaccesca - Rassegna gastronomica di prodotti tipici e presidio Slow Food, Premio letterario Giovanni Boccaccio, A cena da Messer Boccaccio, Monumento a Giovanni Boccaccio ubicato a Certaldo, Busto di Boccaccio, situated next to the Chiesa dei Santi Jacopo e Filippo a Certaldo ...

The ancient town of Volterra was founded by the Etruscans, almost three thousand years ago. It is the centre of the alabaster work and trade. The Romans built a theatre whose fragments can still be seen today.

And our last glimpses of Europe were again the Swiss Alps. Bye, bye Tuscany, bye, bye Europe ...

_Stanislaw Orzeszyna_

**NEW MEMBERS**

_We have pleasure in welcoming the following members into the AFSM family_

**Life Members**

Christopher Dye  
Mireille Flury  
Nicole Mourad  
Margaret Peden  
Iris Tetford  
Dirk Van Hove