One of my constant refrains since I started as DG last year has been that staff are WHO’s greatest asset. That has been the case since we were founded 70 years ago. WHO has only achieved what it has achieved because of the outstanding people who have served it over the years. Even as WHO looks to the future, we must not forget our past, and the incredible contributions of those who have gone before us. We are building on their legacy, just as those who come after us will build on ours. It was my honour to meet some former WHO staff members this year, and I hope that in future I will meet many more, so we can all benefit from their experience and wisdom.

I wish all former WHO colleagues a very happy and healthy 2019.

Dr Tedros Adhanom Ghebreyesus, WHO Director-General
The statue “Vaccination Group”, situated in front of the main building and photographed in the snow. A short report of the 13th SHI/Medical Service/AFSM free vaccination against influenza for retirees, thankfully held indoors, is to be found on page 7.

Photo (March 2018): Sue Block Tyrrell

AFSM wishes a very happy and healthy New Year 2019 to all of our readers

Front cover photo. Dr Tedros and colleagues with members of the AFSM committee. Photo: WHO

The DG requested that the members of the committee of the Association arrange to meet with him. The meeting was held on 23 November 2018 and a short report will follow in the next issue.

From left to right, Dr Isabelle Nuttall, Dev Ray, Laura Ciaffei, Sue Block Tyrrell, Jean-Paul Menu, Roger Fontana, Dr Tedros, Michèle Bernard Evans, Ann Van Hulle-Colbert, Pascale Gilbert-Miguet, Keith Wynn, Anne Yamada, Pia Soto Cannata Mei, Maria Dweggah, Dr Bernhard Schwartländer.

AFSM Committee members unable to be present were Barbara Fontaine, and Honorary Members/Presidents Yves Beigbeder, David Cohen, Roberto Masironi and Alain Vessereau.
EDITORIAL

Welcome to the January issue, the first to be produced in two separate language editions in order to reduce wastage of resources. We hope that you have informed us of your language preference, and have received the correct edition. Please let AFSM know if this is not the case. See page 27.

On pages 29 and 30 you will find a selection of photos taken at the AFSM Reception, held on the 4\textsuperscript{th} October, plus a short report on page 7.

Our keynote article on page 4 focuses on Health and well-being in ageing populations: the role of WHO. Prepared by Lindsay Martinez with comments by Dr John Beard, Director of the Department of Ageing and Life Course, who has responded to our questions on the goals, achievements and challenges facing the department.

The 2019 Cruise is due to take place from the 15\textsuperscript{th} to 20\textsuperscript{th} April, visiting IJsselmeer; at 1100 km\textsuperscript{2} it is the largest lake in Holland. There are only a very limited numbers of places left, see page 18 for contact details to check availability.

A fascinating tribute to Kofi Annan by Yves Beigbeder is to be found on page 25

Keith Wynn

IMPORTANT CONTACTS

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Health Insurance (SHI): Tel.: +41(0) 22 791 18 18; in case of absence please leave a message, someone will call you back, or send an e-mail to: shihq@who.int

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, 37\textsuperscript{th} floor, 1 Dag Hammarskjöld Plaza (DHP), Corner of 48\textsuperscript{th} Street and 2\textsuperscript{nd} 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/
Health and well-being in ageing populations: the role of WHO

With ever more rapidly ageing populations worldwide, the demands on medical and social services are constantly increasing, and existing resources are already severely stretched in most countries. The ongoing demographic changes will continue for decades to come. To avert a nightmare scenario in which many older people would not receive the care and support they need, new strategies and adjustments to public health planning and social care are necessary. This article considers the approaches that WHO is promoting to ensure the health and well-being of older people as their numbers grow.

The situation

The trend whereby people are living longer began in the wealthier countries but is now a worldwide phenomenon. The pace of population ageing is increasing globally and by 2050, 80% of people aged over 60 will live in low- and middle-income countries. Living until 100 years of age used to be a rare event, and is no longer unusual or remarkable. The extra years of life may allow older people to live much like younger people, but not if ill health, physical and mental decline supervene. Medical and social services in most countries are not adequately equipped and resourced to meet the needs of a rapidly expanding population of older people.

Whether a person ages relatively rapidly or more slowly depends on a complex mix of genetic and environmental factors. The diversity in health seen among older people arises mainly from their physical and social environment, which has a cumulative impact throughout the life course from the earliest age. While people aged over 70 may stay healthy and lead active lives, many become increasingly frail and/or suffer one or more debilitating conditions. In addition, specialists recognize a ‘geriatric syndrome’ among older people, resulting from the co-existence of several medical conditions and their consequences (falls, incontinence, pressure ulcers….). Life-style factors which can reduce the risk of noncommunicable diseases and improve both physical and mental capacity include balanced diet, regular exercise, and not smoking. Restoring the muscle mass by exercise and good nutrition can even reverse frailty, and delay dependence on care.

Longer life can bring positive opportunities for retired people who retain good health and live in a favourable setting. Nevertheless, as life expectancy increases, so does demand for medical and social services, bringing challenges that are yet to be met.

UN initiatives and the role of WHO

The 2002 Madrid International Plan of Action on Ageing was hailed as a turning point towards ‘building a society for all ages’. However, the principles were not widely applied in practice. Recognizing that implementation had generally been poor, in 2011 the UN adopted a resolution (UN RES 66/127) which included comprehensive
recommendations for ensuring the rights and well-being of older persons. In 2015 the UN Sustainable Development Goals were agreed, including Goal 3 to *Ensure healthy lives and promote well-being for all at all ages*, thereby stressing quality of life throughout the entire life course.

WHO has always recognized, in many of its disease control programmes, the importance of the diseases which disproportionately affect older people. But good health is not just the absence of disease. The establishment of the Department of Ageing and Life Course in late 2007 marked a major shift in the priority that WHO accords to the health and well-being of older people, and recognition of the need for new approaches and adjustment of existing health-care policies and practices. The first *World Report on Ageing and Health*, published in 2015, presented a framework for public health action, and the evidence gathered during the survey provided the basis for the *Global Strategy and Action Plan on Ageing and Health*. The global strategy has 5 objectives for the period 2016–2020, covering political commitment, age-friendly environments, aligning health systems with the needs of older populations, systems for long-term care, and better monitoring and research on healthy ageing. A mid-term review found that the proportion of countries which met 10 selected performance indicators varied from 58% to 14% for the individual indicators, with wide regional differences. Thus much remains to be done by 2020. Meantime, evidence is being gathered and partnerships set up to support a *Decade of Healthy Ageing*, 2020–2030, envisaged as a decade of concerted global action to improve the quality of life for people as they grow old.

The local infrastructure, availability of social services, and attitudes of the population all contribute to the health and well-being of older people. Recognition of the importance of these factors led to the establishment by WHO of a *Global Network for Age-friendly Cities and Communities* in 2015, in which more than 700 cities in 40 countries in diverse cultural and socio-economic settings are currently working to promote active ageing and a good quality of life for their older residents. The *International Day of Older Persons*, held annually on 1 October, highlights each year a specific aspect of healthy ageing, such as the need to counteract ageism (2016), the contributions that older people make to society (2017), and respecting the human rights of older persons (2018). WHO celebrated the day in 2017 by advocating for universal health coverage that includes the needs of older people, and launched guidelines on *Integrated care for older people*.

WHO is pursuing a cross-cutting ‘horizontal’ approach, drawing upon the specialized expertise of various departments and the regional and country offices, to ensure that the full range of older people’s medical and social needs are addressed holistically and in coordination. Integrated care, covering all of those needs, with emphasis on primary care, is considered to be the most effective and cost-effective strategy for improving the health and well-being of older people.

To bring the story right up to date, Dr John Beard, Director of the Department of Ageing and Life Course, kindly agreed to respond to questions on progress and future prospects.

**Dr Beard’s comments**

We are living in a demographic transition that has never been experienced in human history. Attitudes to ageing need to change. Outdated attitudes create problems rather than solving those we already have. Discrimination against elderly people is widespread and rooted in long-standing
misconceptions and assumptions. Living longer does not just mean extra years at the end of life. Many retired people pursue active lives in good health for many more years, and many more could do so if health inequities were overcome. The common perception that older people are a costly burden for society has a negative influence on allocation of funds for public health and social care. In fact, the greatest cost comes in the last 18 months of life, regardless of the length of life, so increased life expectancy does not inevitably increase health-care costs. In an equitable system, older people should be treated fairly, according to their needs, so that they can do the things they value for as long as possible, not just avoiding disease.

The cost of caring for older people should be seen as investment rather than expenditure. We know that overall, older people contribute more to society than they cost. And benefits accrue from investment in socio-economic development, such as enabling older people to live independently, creating jobs, leaving women free to work professionally. We need to get away from rigid structuring of the life course in stages defined by years of age. Retirement from the workforce characterizes and classifies people artificially. Mandatory retirement age was abolished in the USA several years ago. Flexibility would allow people to contribute for as long as they are able to do so, and may save costs that would otherwise have to be met by families. It should also be noted that ageing has less impact on health expenditures than, for instance, new medical technologies and therapies.

The global strategy is gradually gaining support. Chile, China and Viet Nam are examples of countries which have begun to restructure their systems for medical and social care, including ensuring long-term care, and exploring and assessing innovative models for provision of integrated care. We look forward to learning from their experiences. There are evidence gaps that need to be filled from these and other studies, particularly to determine whether or not the extra years of life are lived in good health, and to shed light on the unsolved mystery as to why people are living longer.

Fundraising is difficult in this area and our efforts have so far had little success. The main source of funds for our activities is Japan, the country which has both the oldest population and a high rate of economic growth – contrary to misconceptions about the cost of caring for ageing populations! But funding agencies have generally not responded and have not recognized the need to put systems in place before benefits for older people will become apparent. Where we can claim success is in raising awareness and interest in the current demographic transition and its consequences, as evidenced by the influence of the World Report on Ageing and Health which has been downloaded in its entirety more than 350,000 times. This is an encouraging sign for the future. The Decade of Healthy Ageing should catalyse global action to improve the health and well-being of older people, and financial support for this endeavour.

Conclusion

The emphasis that WHO now places on the needs of older people is very welcome. The subject is particularly relevant for our readers who are encouraged to explore the informative WHO publications, notably the World Report on Ageing and Health which is a rich source of information on the health, social and economic aspects of ageing, and how services need to be re-organized to meet the needs of rapidly ageing populations.

Our very appreciative thanks to Dr Beard who provided input at a time when he was extremely busy, with much to complete prior to his retirement from WHO at the end of 2018. We wish him pleasure and success in the next phase of his career.

Lindsay Martinez
INFLUENZA VACCINATION

The free ‘flu vaccination for retired SHI members – organized in collaboration between the Medical Service, SHI and AFSM – took place this year on 2nd and 9th October held as usual in two sessions.

This was the 13th year in a row since it began in 2006, and as always proved to be very popular because, in addition to getting vaccinated, it is also an excellent opportunity for former colleagues to meet and chat. The number of people vaccinated for this winter is roughly the same as in previous years, 225, not counting those who could not come on the day, and those whom the Medical Service kindly agreed to vaccinate by direct appointment.

Mrs Josiane Castella, who kindly agreed to be photographed while being vaccinated. Photo: Michèle Evans

THE 2018 AFSM RECEPTION

The annual reception was held at WHO headquarters in the early evening of Thursday 4 October. It was a beautiful autumn evening and some members would have liked to be able to get on to the terrace!

About 60 members attended – less than in previous years – but more special invitees from WHO were able to join us, including the Director-General himself, the Deputy Director-General for Corporate Operations and the Assistant Director-General for Health Metrics and Measurement. Our members appreciated the short speech made by Dr Tedros who reaffirmed that retirees remain a part of the WHO family. In fact, he was pleased to stay almost until the end of the reception, enjoying his chats with many members of the family!

We hope you enjoy the photos shown on pages 29 and 30.

2019 AFSM GENERAL ASSEMBLY AND ANNUAL RECEPTION

SAVE THE DATE

Tuesday 22 October 2019

For your convenience we are organizing the AFSM General Assembly and the Annual Reception on the same day, so that travelling to and from WHO will only need to be undertaken once.

Please note this date in your diary, we would be very pleased to welcome you to both the General Assembly, which commences at 13.30 in Salle D, followed by the Annual Reception in the WHO Cafeteria at 17.00.

If you are unable to attend both do please try and get to either the General Assembly, where your views – and your vote on any issues presented – will be welcomed, or to the Annual Reception, where you can relax and enjoy the company of many former friends and colleagues.
Supplementary Benefit

We frequently receive queries from our members related to reimbursement of supplementary benefit or “catastrophic expenses”. When faced with large medical expenses, one becomes concerned about his/her non-reimbursed share. As we know, SHI normally reimburses 80% of medical expenses, the remaining 20% is borne by the insured member. Under such circumstances, it is reassuring to know that one is entitled to receive a supplementary benefit from the SHI once the member’s share exceeds a given threshold within any 12-month period. As the system is relatively complex, the following Questions and Answers may help to clarify some of our readers’ queries.

What does supplementary benefit mean and how is the threshold or catastrophic limit defined?

According to paragraph C.2 of the SHI Rules, an additional reimbursement is made if, during the 12-month period prior to the date of reimbursement, the share borne by a former staff member/survivor for himself/herself and any insured family members exceeds his/her catastrophic limit. The additional reimbursement represents the excess (i.e. difference between the share borne by the former staff member/survivor and his/her catastrophic limit). The catastrophic limit is defined in paragraphs C.3.2 and C.3.3 of the SHI Rules. As it is based on a percentage (5%) of the full pension payable after a minimum of 25 years of service, the amount varies from person to person and may be difficult for you to calculate precisely. SHI can provide you with the amount of your limit if necessary. It is important to note the following conditions in this regard:

- Some categories of benefits are excluded from supplementary benefit – these are mentioned under the benefits (B) section of the Rules. They normally concern benefits which are subject to a ceiling/limit under the SHI Rules. Examples include dental care, spectacles and hearing aids, psychotherapy, cost of accommodation in hospital/clinics beyond the daily maximum rate allowable and others indicated as “No” in the last column (supplementary benefit) of the list of benefits from B10 to B256 of the SHI Rules.

- The calculation is made on a rolling 12-month period and not on the basis of a calendar year.

- You do not need to “claim” supplementary benefit when you think it might be due. SHI’s computer system automatically calculates the situation each time you submit a claim. If supplementary benefit is due, it is automatically reimbursed and will appear on the Reimbursement Advice which you receive under the column “catastrophic expenses para 202”.

- Within any 12-month period, you will always have to bear your share of expenses up to the amount of your catastrophic limit.

Let’s take a simple example:

Let’s suppose that your catastrophic limit is USD 3,000 and that you submitted large claims to SHI in February 2018 and again in October 2018. Prior to February 2018, your medical expenses were insignificant. We assume in the example that all medical expenses incurred are eligible for supplementary benefit and do not relate to the categories which are excluded.

The situation would look as follows:
From the above example, we see that your cumulative share over the 12-month period March 2017 to February 2018 was USD 2,000 and therefore less than the catastrophic limit which in this example is USD 3,000. There is no supplementary benefit due. In October 2018, when the next claims are submitted the cumulative share over the 12-month period November 2017 to October 2018 is USD 4,000 (i.e. it exceeds the catastrophic limit of USD 3,000), an amount of USD 1,000 is reimbursed as supplementary benefit (USD 4,000 – USD 3,000). The calculation within a given 12 month period takes into account your share of expenses, less any previous reimbursement of supplementary benefit within the same period and less the catastrophic limit.

What happens if you want SHI to pay a very large medical bill directly to the healthcare provider (e.g. to a hospital, clinic or surgeon) and you are entitled to supplementary benefit?

Paragraph C.13 of the SHI Rules provides for direct payment of large medical bills and the definition of “large” can be found under that Rule

To summarize, there are three possible scenarios:

(a) You pay the full medical bill yourself and you submit your claim for reimbursement. You will receive a Reimbursement Advice from SHI showing the amount reimbursed as basic benefit (80%) and the additional amount reimbursed as supplementary benefit. Payment is made to your bank account of both amounts.

(b) You request SHI to pay a large medical bill directly to the healthcare provider (hospital, surgeon etc.). SHI will normally only pay its share (80%) directly to the healthcare provider. You will receive a Payment Advice showing the amount paid directly by SHI and the remaining amount (your share) which you must pay directly to the healthcare provider. If you are entitled to supplementary benefit on that particular bill, the supplementary benefit will be reimbursed separately to your bank account.

(c) SHI very exceptionally agrees to pay the full amount of a large bill directly to the healthcare provider (normally to a hospital/clinic with whom the SHI has a negotiated agreement which requires full payment). You will receive a Payment Advice which indicates the amount paid directly by SHI and your share of the bill which you must then reimburse to SHI. If you are entitled to Supplementary Benefit, the amount due will be reimbursed separately to your bank account.

From the above, it will be noted that in all three scenarios, supplementary benefit is reimbursed separately. We understand that SHI are working on an automated system to take into account supplementary benefit due when making direct payments, thus avoiding the need for you to make payment or reimbursement to SHI under such circumstances (scenarios (b) and (c) are relevant). It is not known at the present time exactly how the system will function. You should therefore base yourself on the system currently in place as explained above until we are informed by SHI of any change in the future.

Ann Van Hulle-Colbert
A different kind of animal. How Culture Transformed Our Species.
Robert Boyd.
Hardback 248 pp. USD 27.95 ISBN 9780691177731

“Man is an animal with two legs and no feathers”, as Plato might one day have said, but Lamartine, more subtle, described the human being as a fallen angel who recalls the heavens. Nowadays, we refer to Evolution which, in theory, has an answer to everything.

The new book by Robert Boyd, with a cave painting on the jacket, is concise and the author, professor at Arizona State University, Phoenix, has already written three books on the same subject. So here he reflects once again on
the problem. The questions, which we all have, and the answers are often vague and are interpreted according to the philosophy and thoughts of the individual. For Boyd, the human being represents a very different kind of animal, one that has evolved as the most dominant species on earth with the widest distribution and more energy than any other creature. Boyd calls this “IMA” cognitive capacity and argues that culture, our ability to learn from others, remains the main ingredient of our success. For the author, our cultural adaptation has transformed our species and ensured our survival. As Mark Pagel points out, we really are a different animal from the others because we have a sophisticated language and show real cooperation. So, we are much more than clever chimpanzees. Nobody has ever doubted this, and the book details the evidence in seven chapters.

An excellent book to make us rethink all of this. *Homo homini lupus* really is a quarrelsome and often unscrupulous animal, endowed with strong aggressiveness, but also capable of social and benevolent behaviour. A fallen angel, perhaps, but also a thinking entity, something more than the plucked chicken, thrown, said the Greeks, at the head of Aristotle by a deeply disturbed Diogenes.

*Pierre Jolivet*

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**THE AFSM WEBSITE**

http://www.who.int/formerstaff/en/

We remind our readers who have an internet connection that our website is updated regularly with news, and copies of their flyers, of courses and events organized by various local associations. AFSM members are encouraged to check the site regularly to see what’s new.

The web address is http://www.who.int/formerstaff/en/ and look under: Events and News

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**IARC AND GLYPHOSATE**

**A University paper on the International Agency for Research on Cancer (IARC)**

On 13 July 2018, I was invited to present a paper¹ to a panel at a Conference organized by the Academic Council on the United Nations system at Luiss University in Rome (Italy). Entitled “DAVID vs GOLIATH. A small WHO research agency is a target for powerful multinational companies”.

Many of you know IARC, the *International Agency for Research on Cancer* – I worked as an interim Administrator at IARC for a short time many years ago under Professor John Higginson who was its Director until 1981. IARC is a WHO agency with an autonomous budget of USD 34 million and 200 staff in Lyon.

This usually discreet agency came to the attention of the media when it classified glyphosate as “probably carcinogenic to humans” in a monograph published in March 2015. The Agency then became the target of an unprecedented number of orchestrated attacks undermining its scientific credibility, coming directly from a coalition of US industries. Similar tactics were used in the past against WHO by “Big Tobacco”. IARC rebutted all criticisms, with the support of WHO headquarters and of many cancer specialists and institutions.

My paper reviews IARC’s origins, its mandate and programmes, its legal and administrative status, its working methods. It then addresses controversies which have arisen following the publication of monographs on tobacco, alcohol, nutrition, red and processed meat and glyphosate.
IARC monographs identify environmental factors that can increase the risk of human cancer. Since 1971 more than 900 agents have been evaluated, of which approximately 400 have been identified as carcinogenic or potentially carcinogenic to humans.

Specific IARC Working Groups are collectively responsible for developing monographs and their monographs do not make recommendations. WHO may use IARC research findings to issue guidelines to governments. Monographs are the best known of IARC productions and they have been the focus of interference and attacks by the industries concerned, both during their preparation and after their publication.

In 2002 a monograph on tobacco confirmed the cancer-causing effects of active smoking and in 2004 added that second-hand smoke was also classified as carcinogenic to humans, as well as smokeless tobacco.


Independent external researchers have found similarities in approach between “Big Tobacco” and “Big Booze”, with the aim of preventing and delaying public health measures. These approaches include defending free trade, opposing increased taxes as unfair to consumers and producers, opposing bans on tobacco or cigarette use, and targeting their products at youth. The alcohol industry argues against marketing regulation by emphasizing industry responsibility and the effectiveness of self-regulation, by questioning the effectiveness of statutory regulation and by focusing on individual responsibility. The industry primarily conveys its arguments through manipulation of the evidence base and by promoting ineffective voluntary codes and non-regulatory initiatives.

On nutrition, since 1991, IARC, with funding from the European Union, has coordinated the EPIC study (European Prospective Investigation into Cancer and Nutrition), the largest study ever conducted on the relationship between diet and cancer with over 500 000 subjects in 10 European countries.

In 2015, IARC classified processed meat as carcinogenic to humans, based on ample evidence that its consumption causes colorectal cancer in humans. This finding caused alarm in the meat industry and some confusion among the public and policymakers.

The on-going glyphosate saga

IARC’s assessment of 20 March 2015 that “glyphosate is probably carcinogenic to humans” (subject to several qualifications) caused strong adverse reactions from Monsanto and the American Chemistry Council, relayed by the media. Ignoring IARC’s finding, a statement by the European Chemicals Agency and by the European Food Safety Authority concluded by consensus that there was no evidence to link glyphosate and cancer.

In May 2017, the European Commission proposed the renewal of the approval of glyphosate for 10 years as from 2018. In November, EU member states’ experts agreed on a five-year renewal. My presentation concludes that IARC has been subjected to the same pressures and even more direct attacks than WHO itself. It has been the target of attacks when its scientific findings oppose or limit industry’s profits.

The strength of IARC lies in its international status as a small technical body, its scientific focus and expertise, its independence from government authorities and industry, its autonomy within the framework of WHO, the strength of its Governing Council, the competence and integrity of its staff, their links with recognized scientists and world-renowned cancer institutes, and the leadership of a strong and independent Director.

Yves Beigbeder

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1 The following information was not in included in my paper: in August 2018, a cancer patient who had sued Monsanto in a California tribunal for the alleged role of its product “Roundup” (containing glyphosate) in his cancer, was awarded USD 250 million in punitive damages and USD 39 million for lost income, pain and suffering. This was later reduced to USD 39 million. In June 2018, Bayer acquired Monsanto. There are currently more than 4,000 similar cases awaiting trial in the USA.
Osteoporosis

Osteoporosis is a chronic disease of the skeletal structure in which reduction in bone mass (measured as bone density) causes the bones to become brittle and fragile, leading in turn to increased risk of fractures. It affects older people as bone density decreases with age. It particularly affects women over 50 years of age due to the significant drop in the level of oestrogen that occurs after the menopause, but it also occurs in men, usually over 70 years of age. Deficiency of calcium or vitamin D are risk factors for osteoporosis, and genetic factors and life style (lack of exercise, smoking) also play a role.

As the reduction in bone mass progresses, the bones become increasingly fragile over time and the risk of fractures increases. This slow process is usually painless. Pain results from fractures which may occur spontaneously, or as a result of a minor accident. Fractures due to osteoporosis most commonly affect the spine, wrist and hip.

There are two forms of osteoporosis,

- primary, which we are dealing with here, and
- secondary which occurs following certain illnesses: hormonal disorders (hyperactive thyroid) rheumatoid polyarthritis, some tumours, severe diseases of the intestine, kidneys or liver; and also after certain treatments with drugs such as cortisone, and treatments for breast and prostate cancers.

Evolution of the bone mass

Bone is a living tissue which is constantly destroying and replacing itself. It contains two types of cells, osteoclasts which destroy old bone and osteoblasts which produce new bone.

From childhood until about age 30, the bone mass increases; it remains stable for about 10 years then starts to decrease. The rate of degradation is heavily influenced by nutrition and physical exercise. On average, loss of bone mass is about 1% per year; at menopause it may reach 4% per year. In men, the loss is linear and reaches about a third by 70 years of age.

The bones affected by osteoporosis are mainly the femur, the hip, the vertebrae, the arm and the forearm. Osteopenia is the stage of decrease in bone mass which precedes osteoporosis. The symptoms are non-specific pain, hunched posture, and up to 4cm loss of height.

Frequency

Many millions of people in the world suffer from osteoporosis. Each year 8.9 million fractures are attributable to the disease, more than a third of which occur in Europe. In the EU, 22 million women and 5.5 million men have osteoporosis, that is, 21% of women and 6% of men aged from 50 to 84 years.

- At the age of 50, there is a 46% probability of a fracture occurring for women and 22% for men, with variations among countries related mainly to socio-economic conditions.
In 2010, 3.5 million new fractures caused by osteoporosis-related bone fragility were recorded. Of these 610,000 concerned the hip, 560,000 the vertebrae, 520,000 the wrist, with 1,800,000 at other sites including the humerus, fibula, (shin bone) tibia, pelvis, collar bone, shoulder blade, and sternum.

In Europe in 2010, 43,000 deaths were attributed to osteoporotic fractures: half of them were due to fractures of the hip, and 30% to fractured vertebrae. It is estimated that overall the fractures resulted in 26,300 life years lost.

Diagnosis is based mainly on the study of bone density by osteodensitometry, or by x-ray in the case of a fracture.

Risk factors include tobacco smoking, which should be avoided, alcohol and caffeine, which should be consumed in moderation as should certain medicines, such as glucocorticoids, which have a negative impact on bone metabolism.

**Secondary prevention:** It is important to reduce the risk of falls through measures such as evaluating the layout in the home, prescribing walking and visual aids, training in walking and falling, training in the coordination of movements, evaluation of use of anti-hypertension medicines and tranquillisers.

It is important to check the balance of patients with osteoporosis in order to evaluate the risk of falls. Numerous tests exist for this purpose, some of which were described in QNT 111, and others can be carried out in the doctor’s clinic.

Other measures include support in daily activities, with, for example, a training programme tailored to needs, or auxiliary aids such as hip protectors (trousers with stitched-in protective elements) Secondary prevention requires diagnosis as early as possible by measurement of bone density. Together with the patient’s personal data a good evaluation of the risk of fracture can be made. This provides a basis on which to decide preventive therapeutic measures.

**Treatment**

Existing treatments include oestrogen therapy for women, bisphophonates and other medicines. However these treatments are aimed at reducing the action of osteoclasts; currently no treatment exists to increase the action of osteoblasts and thus enable the renewal of bone mass.

**Dr David Cohen**

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**Sources**

Ligue suisse contre le rhumatisme.
INSERM : la science pour la santé : Ostéoporose, fév. 2015.
Mayo Clinic : Osteoporosis
*International Osteoporosis Foundation* (February 2011).
“Promote health, keep the world safe, serve the vulnerable” is the summary of WHO’s mission, taken from the 13th General Programme of Work (GPW13) – it can be seen in six languages on some of the boards surrounding the HQ grounds to shield the view of the new construction site.

The Director-General’s first annual letter can be found at http://www.who.int/dg/annual-letter-2018

WHO has been working with Google to provide its Google Fit app with information based on WHO’s physical activity guidelines

Four WHO experts authored a paper in The Lancet in September on worldwide trends in insufficient physical activity from 2001-2016. The global level of inactivity in adults remained largely unchanged during this period: women were less active than men, with an over 8% difference at the global level.

WHO launched its first ever Investment Case in mid-September, calling for Member States and other partners to invest USD 14.1 billion in WHO over the next 5 years.

A new report launched by WHO end September estimates that 3 million people die every year from harmful use of alcohol, and most of them are men.

In mid-October, the lead on the WHO website focused in influenza – are we ready? Links were provided to articles on 5 myths on the flu vaccine, free online courses on flu, 5 things to do if you have the flu, 5 ways on how to avoid catching the flu, and a quiz on the 1918 pandemic.

A meeting of the Emergency Committee under the International Health Regulations regarding the Ebola Virus Disease outbreak in the Democratic Republic of the Congo was convened on 17 October: it concluded that a Public Health Emergency of International Concern should not be declared at that time but it remained deeply concerned by the outbreak and emphasized that response activities needed to be intensified and that ongoing vigilance was critical.

The Director-General met with His Holiness Pope Francis on 23 October. Both stressed that health is a right and should not be a privilege, and shared a commitment to improve the health and wellbeing of the most vulnerable and marginalized in both rich and poor countries.

On 25-26 October, countries around the world celebrated the 40th anniversary of the Declaration of Alma-Ata and agreed to the Declaration of Astana, renewing their commitment to primary health care systems to achieve universal health coverage and the Sustainable Development Goals (SDGs).

The First WHO Global Conference on Air Pollution and Health took place in Geneva end October. Nine out of ten people in the world breathe polluted air. The Place des Nations hosted pollution pods and within each dome, visitors had the opportunity to experience the air quality from five different cities around the world - Beijing, London, New Delhi, Sao Paolo and Tautra in Norway.

The air pollution pods at the Place des Nations. Photo: Sue Block Tyrrell
Regarding **WHO internal matters, work on transformation continues** and a meeting of the entire WHO leadership – DG, DDsG, ADsG, RDs, WRs, DPMs, DAFs and Directors took place in Nairobi from 10-12 December to roll out how staff will work differently in 2019 and beyond to deliver on the new 5-year strategy, the GPW13 and achieve the SDGs.

- Each November, **World Antibiotic Awareness Week** aims to increase global awareness of antibiotic resistance and to encourage best practices among the general public, health workers and policy makers to avoid the further emergence and spread of antibiotic resistance. This year’s messages were “Think Twice. Seek Advice. The Misuse of Antibiotics puts us all at risk.”

  Further information and documentation can be found on the WHO website – [www.who.int](http://www.who.int)

*Sue Block Tyrrell*

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**READERS’ LETTERS**

It is my great pleasure to address my sincere greetings for the coming Christmas and New Year, wishing you all the QNT Editorial Board, together with AFSM Executive Committee and their families good wishes, happiness, and long healthy life all through the coming years. **HAPPY NEW YEAR.**

On this occasion, I am pleased to forward to you the sum of USD 200 as my yearly contribution to our AFSM Newsletter. I also wish to express my real appreciation and satisfaction for the hard work of the QNT Editorial Board for producing the QNT on time. There is no doubt that this publication keeps reflecting the excellent image of WHO.

Please convey my sincere congratulations to each member of the editorial board.

**Dr. Khaled Mneimne**

*We are extremely grateful to Dr Mneimne in Lebanon for his unfailing support to the QNT for so many years. The President of AFSM has sent an official thank you.*

Thanks to the recent Quarterly Newsletter (*QNT 113*), which carried a review of my books, this turned out to be an excellent opportunity to reconnect with a number of former colleagues, both from EMRO and at WHO/HQ. One such contact was from Monique Eid, when she mentioned her forthcoming ten-day visit to Egypt to retrace her roots.

Monique found time in her hectic schedule for us to meet over coffee during the five days she was spending in Cairo. This was to be followed by five days in Alexandria to meet old classmates, friends and former colleagues. We quickly recalled the years that had passed since our retirement.

Monique first joined WHO/EMRO in 1981 assigned to the Expanded Programme of Immunization (EPI) with Dr. Ahmed Hajian, then, in 1995 she moved to WHO/HQ with the Vaccine Production Unit. Since retirement she has been keeping busy, giving French courses in the various UN Organizations in Geneva, and with humanitarian-related deeds. A member of several associations, one being the Kiwanis, aimed at "Serving the Children of the World". With more than 310,000 members worldwide, Monique is part of the Kiwanis Genève-Métropole and served as its President last year. She has been deeply involved over the last four years in the joint Kiwanis/UNICEF project to eliminate maternal and neonatal tetanus. She is a member of the committee of the Association Culturelle Egypto-Suisse (https://www.aces-geneve.ch/) organizing activities centered on Egyptian culture and civilization.

While in Alexandria, Monique found time in her schedule to attend the regular Wednesday morning meeting of former WHO staff.

**Sonia Miskjian**
SHI: IMPORTANT INFORMATION

The SHI Newsletter will no longer be distributed in print

In its October 2018 issue, our Quarterly News (QNT 113) carried an article by Ann Van Hulle-Colbert titled: Information on the recent meeting of the Global Oversight Committee of the Staff Health Insurance.

Readers may have noted that the SHI secretariat will no longer send the SHI Newsletter nor any other information leaflet on paper. The SHI rules and annual statements will continue to be sent in paper form to those retirees who have not provided an email address.

While we recognize and understand the rationale behind the Administration’s decision in this regard (economy measures), we are extremely concerned by the impact it will have on retirees and survivors who have no access to email and internet. They represent currently over one third of all insured retirees. Most of those falling in that category are among the oldest and more vulnerable participants. The SHI Newsletter is a very useful tool for transmitting information and even for providing tips on disease prevention and health promotion in addition to administrative information.

The six elected representatives of retirees to the SHI management committees have written to the SHI administration to point out the impact of this decision. Unfortunately, we have been told that the decision has been approved by the Director General and cannot be reverted.

As an AFSM member, you can be assured that your Committee will do its best to assist in passing on any important information about your WHO health insurance but, once again, we urge those who have not given an email address to SHI to do so soonest. You may also wish to remind your former colleagues who are not members of the Association.

Jean-Paul Menu and Ann Van Hulle-Colbert

NEW MEMBERS

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

New Life Members
Marthe M. Everard
Felix Kuzoe
John Lucas
Yasuhisa Mizuno
Leon Nkolomoni
Marco Poltera
Veronique Salamin
Eleonore Sestak

Conversion to Life member

New Annual Members
Jose Leonardo Ruales Estupinan
Jean-Marie Okwo-Bele
CRUISE 2019

Cruise on the IJsselmeer, Holland's largest inland lake.

Dates 15–20 April 2019

This year we have organized an extremely interesting cruise on the IJsselmeer, Holland's largest inland lake, 1100 km².

We shall view some of the most iconic images of Holland: canals, the old fishing ports, a cheese museum, 17th century windmills, typical Dutch villages, including Geethoom.

The Kukenhof Flower Park is considered to be one of the most beautiful floral parks in the world.

Dates: from 15 to 20 April 2019
Cost: full board, including drinks at the table, and at the bar, excursions, return flight Geneva–Amsterdam
Double cabin: from 1120 € per person
Single cabin: from 1420 €

Further details and inscriptions:
By email: c.hager@bluewin.ch
By post: Charles Hager, route de Chêne 64c, 1208 Geneva
Hurry, there are very few places left!

ASTRONOMY

The sky for January – March 2019

The constellations at this time of year are probably the most recognisable of all. Looking south (or north if you are in the southern hemisphere) there is Orion, with its three stars in a line, called Orion's Belt. Follow the line of Orion's Belt north-westwards and you come first to a bright reddish star, Aldebaran, which is the main star of Taurus, the Bull. Continue the line and you will see the most famous star cluster in the sky, the Pleiades or Seven Sisters.

Somewhat to the west of Aldebaran and the Pleiades is another reddish star – actually no star but the planet Mars, which has been in our skies since the middle of last year when it made a particularly close and brilliant approach to Earth. It is still with us, but is getting fainter and more distant each week.

Around 12 and 13 February, Mars is almost in front of the much more distant planet Uranus, so it is a great signpost to finding that remote object. Binoculars will show it as a much fainter point of light just to the south of Mars. To be certain which of several stars in the area is Uranus, you will need an accurate and detailed map, which any smartphone sky app or desktop sky programme, such as Stellarium, will provide.

We will also have a news story on the Society for Popular Astronomy's website, www.popastro.com, so do check that out for lots more information about astronomy.

Article kindly provided by the British Society for Popular Astronomy
NEWS FROM FORMER WHO STAFF MEMBERS’ GROUPS AROUND THE WORLD

News from around the World

AFSM-PAHO/AMRO: The September 2018 newsletter of The Association of Former PAHO/AMRO Staff Members contains many articles of interest to our readers and can be accessed online in English at https://www.afsmpaho.com/newsletters and Spanish at https://www.afsmpaho.com/newsletters-spanish

Carol Collado’s article provides a Health and Pension update with detailed analysis of the latest proposals of SHI on health insurance in the USA, and the most significant conclusions from the 65th Session of the UN Joint Staff Pension Fund Board.

This issue carries the concluding part of the two-part series on Understanding Alzheimer’s Disease and Dementia, Part 2: A Focus on Prevention. Detailing the health and life variables that affect the health of the brain and suggests that if all actions were taken together could help to reduce cases of dementia by 35%.

There follows an article from Hernán Rosenberg on the importance of carrying the SHI health insurance card, containing emergency contact details, with you at all times. Fortunately, Hernán had his card with him in Sochi in Russia, where he was staying for the Football World Cup and was extremely grateful that he did, after slipping badly on some wet pebbles. Hernán was so pleased to find that there was someone on the end of the SHI emergency line, even on a weekend, and they proved most helpful in identifying where medical help could be found, and later followed up, just to be sure. An attention-grabbing tale, complete with much praise for SHI.

People and Pets makes for interesting reading and contains advice and some warnings for all pet lovers. Author Primo Arambulo III covers the subject thoroughly and concludes “Overall, in spite of the risks associated with people living in close proximity with animals, the benefits far outweigh the potential down side, especially in countries where safe public health controls have been put into place. And as we all get older and begin to lose close family members and friends, it is always good to have the unconditional love and companionship of a little furry friend.”

The newsletter reprints the AFSM article by Maria Dweggah on Sexual Harassment within the UN, (QNT 112), and continues with the regular “Where are they now?” feature.

Keith Wynn

AFSM-Eastern Mediterranean: During a visit to Canada to attend a wedding in Montreal, I had contacted one of my former colleagues, Raina Zagoritis, to arrange an outing with a group of former EMRO colleagues who had moved to Canada in the 80’s to join ICAO. We were a happy group at a Greek restaurant. In addition to Raina, her sisters-in-law Vicky and Liliane Wissa, Madelaine Ackad and her sister Mona Assaad, we also had the pleasure of another colleague who happened to be in Canada, Doha Haggag presently residing in Kuwait following her retirement from WHO. Sadly Mary Adams-Soliman and Marie Vartzbedian were unable to join us. An amazing encounter, enjoying all the tales which brought back memories, making us feel we had never been separated from the ‘one WHO family’ concept.

The end of September saw the retirement of another colleague, Khaled Fahim, who had happily devoted 28 years of his youth to WHO/EMRO attached to Library/Documents. On his last day at WHO there was a celebration and I looked in to bid him farewell and, along with everyone else, wish him good luck for the ‘beginning of his new life’.

Sonia Miskjian
WHO Retirees’ Representative in Scandinavia: The WHO-EURO Christmas lunch held at Restaurant Vita, Copenhagen, 28 November 2018 was, as in previous years, a most enjoyable event. It was fun seeing many familiar faces, but also some new ones that rarely make an appearance; one of those faces belongs to someone who has spent many years in France and Geneva, but whom I remember as a memorably nice colleague in EURO. The buffet provided dishes for all tastes. Most of us tucked in enjoying the imaginative selection. Regardless of country of residence, all former staff are welcome at our lunches where laughter reigns supreme.

We wished each other a merry Christmas as we walked our different ways in the cold dim light of November, and a most enjoyable and healthy New Year to everyone.

Jill Conway-Fell and Christine Lund

AFSM-SEAR: The latest quarterly newsletter of Aesculapian (July-September 2018) has now been published and leads with a report of the 65th Session of the UN Joint Staff Pension Board. Our Editorial reflects on this the 20th year of publication of Aesculapian, the AFSM-SEAR newsletter, and reprints with pride the message received from Dr U. Ko Ko in 1999 on the inaugural issue. There follows a tribute to Kofi Annan in the form of the Five Lessons learned by the former UN Secretary-General during his 10-year tenure. The General Information section details all of the upcoming SEAR meetings, the appointment of Indian film star Amitabh Bachan as WHO Goodwill Ambassador for Hepatitis in SEAR, National Country days, and a reference to the AFSM-Geneva Guide for Survivors. Plus, useful tips on how to use SHI-Online.

The continued support of the Administration is gratefully acknowledged.

R. L. Rai

AFSM-Africa: AFRO Retired but not tired. Recent achievements and recognitions of former AFRO staff members in their respective locations:

Anikpo Emilienne has contributed to the development of the first simplified health map for the Cote d'Ivoire.

Teguest Guerma has fulfilled her dream by establishing a midwife college in Addis Ababa, Ethiopia. Income will sponsor young women from rural areas to become midwives and serve their respective communities.

Angela Benson with her husband, Dr. Jimi Benson have established a 60-bed Hospital in Paynesville, Liberia. The Hospital provides quality services at the secondary level and was used by MSF as a treatment centre for the 2014/15 Ebola epidemic.

Elizabeth Obileye has developed the BSafe-CERS app. Using innovative technology for personal and group safety, the app can be used during evacuations, civil strife and situations where groups can easily get separated.

Stella Anyagwe received an award from the American International Health Alliance (AIHA), in recognition of her efforts in fostering the creation and acceptance of a new mid-level health cadre “Physician Assistant” in South Africa and several other countries.

Kalula Kalambay received the Canada 150 Award, presented by Mr. Greg Frégus, MP of the Parliament of Canada in Ottawa for his contribution to the promotion of art and culture in his community.

Kalula Kalambay

AFSM-Manila: The association celebrated its Annual Grand Reunion and Christmas party on 22 November 2018 at the WPRO foyer. Kudos to the leadership of Dr Linda Milan, President, and the colleagues who organized and unconditionally gave their time and effort that made this year’s event a great success.

The Executive Committee, Manila
Recent deaths\(^1\) of former WHO staff members as reported to AFSM

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\(^1\) The present notification of deaths was gratefully received from UNJSPF and covers Q3 2018. We have endeavoured to ensure that deaths already published have not been repeated in this list, however we apologize in advance if there are omissions or repeat entries. The editorial policy is to publish, once only, the names on the list of death notices we receive, and this regardless of whether an obituary has already been published; appears in the current issue; or will appear in a future issue.

Jeannette Bellossat, born in 1932, died 31 July 2018 in France

A short while ago, having not heard from Jeannette Bellossat for some time... I decided to check. While Google can be frightening it is also very useful and sadly I learnt that Jeannette had passed away on 31 July 2018.

More than a colleague, Jeannette became a friend: whether you had a query about some (obscure) WHO Rules (and there were many!) or needed some advice, Jeannette's door was always open...

She had a long career at WHO and was one of the few (very few) who, when wanting to advance through the ranks, looked for a post outside Geneva and went to work in Ouagadougou’ Later on she came back to HQ in charge of APO, STPs and other temporary staff and/or consultants.

After her retirement, we met now and then for lunch. To start with, she enjoyed knowing what was happening at the office but later on... preferred not to!

Good Bye Jeannette, rest in peace.

Claudine Pichon
Simone Bénard, born 15 May 1929, died 15 June 2018

Your childhood was spent in Annecy, where your parents owned a chocolate shop. The war forced the family to take refuge in the Auvergne. These years taught you tenacity, a love of nature and the countryside. Brilliant, you helped your parents and took care of your little brother. Graduating in 1946, you began the studies of your dreams in Paris. In 1952, you obtained Certificates in paediatrics, child care, occupational medicine, haematology, microbiology, mycology. Your thesis was on the treatment of leprosy.

A few years in the Paris region (dispensaries, maternal and childhood treatment and protection, occupational physician at Dior). Then in 1965, tragedy struck: the sudden death of your brother of an unknown cardiac pathology. This shock drove you in search of new horizons, in Brazzaville. Chief Medical Officer of the hospital laboratory, the creation of the Blood Bank earned you the Congolese Order of Merit. Working for WHO from 1972, your personal commitment never weakened. From 1972 to 1977 at Cotonou in Benin, development of laboratory services. From 1978 to 1989 in DR Congo (ZAI/LAB, HST and EPI01 projects). Then, in 1989 transfer to JMS Geneva, where you remained for the rest of your career.

You had a passion for training health workers, and organizing primary health care. You participated in major epidemiological challenges; TB screening, malaria control, smallpox eradication. Enjoying hosting and sharing a good meal, the house served as a base for enjoyable debriefings with colleagues. Your sensitivity towards human suffering and the search for solutions was shared by the family. You also taught us that the value of others was not necessarily related to their social standing, and this spirit left just as many signs as your scientific background.

Part of your memory will for ever remain in your beloved Africa. Another part will be carried by your grandchildren, who have only known you as "grandma/home-made jams/house in the country". Caring for your husband at home for 15 years, retirement was not easy. Alzheimer’s then stole your identity and your life. Mother, we shall keep you in our hearts and always think of you in the best possible way. May eternity be kind to you!

Véronique Bricaire (Daughter)

Rose Meili, died 11 October 2018 in Switzerland

I have just learned the sad news of the death of Rose Meili at the grand age of nearly 94 and it brought back so many memories it was quite overwhelming. Rose was already at WHO in the early 1960s when I took up the post of personal assistant to Dr Fred Grundy, Assistant Director-General responsible for the divisions of Public Health Services, Family Health, and Education and Training. Rose was senior secretary assisted by Jean Gowlett. After the so-British Dr Grundy retired in the mid-1960s Dr John Karefa-Smart from Sierra Leone was appointed. Later on, Dr Chang Wei-Hsun from China occupied the post; our multi-cultural skills improved rapidly.

Rose was a charming colleague and we worked together harmoniously, she was highly intelligent and knowledgeable but was such a private person that I felt that I never really got to know her. I did learn that she had a much-loved niece; who must now be devastated at her loss. Rose’s over-riding interest was travel, and the first task at the start of the New Year was to discuss our annual holiday plans so that Rose could make her bookings there and then. She went to remote, unspoilt, and interesting – even dangerous – places. No sunbathing on beaches for Rose.

Rose was very pretty, red-haired, almost feline, adding to the mystique of her personality. She had good knowledge of the Swiss banking system and
ably aided our bosses from different cultures with financial advice. Assistant Directors-General were political appointments, and during our time together Rose and I faced a number of delicate diplomatic situations, she always found a solution. After retirement Rose and I kept in touch until I sensed that Rose was not so well and that our conversations confused her and eventually I sadly stopped the calls as they were tiring her. I do so hope she did not suffer and that she was well looked after.

Rest in peace, dear Rose. I shall always remember you with so much affection.

Bernadette Rivett

Christine Willumsen, born 10 February 1933, died 22 September 2018 in Switzerland

Christine departed this world in her 85th year.
Christine was born in Quessoy, France and later worked in Spain where she met her Danish husband Finn. After moving to Copenhagen in Denmark she started to work for WHO at the European Headquarters. After some years the family moved to Geneva where her husband had been hired by ITC / WTO. Christine began working in the mid-seventies at WHO in Geneva in the department of Maternal and Child Health.

After reaching the official retirement age in 1993 she continued to work for another two years. Christine is survived by her son Eric and by her many friends at WHO.

Eric Willumsen

Ian Dan Carter, born 5 July 1928, died 6 July 2018 in Australia

Following his medical degree in 1952 (Adelaide) and general practice in Sydney, Ian trained in public health (Sydney), tropical medicine (Liverpool) and communicable diseases (John Hopkins).

Ian joined WHO in 1957 as a malarialogist. Initially he worked in Guatemala and Washington DC, then Sarawak, before moving to the Malaria Eradication programme in headquarters in 1961. As an epidemiologist, he worked in Health Statistics, the Division of Research in Epidemiology and Communication Science before moving to the Division of Communicable Diseases where he remained until his retirement. Ian carried out many functions, including transforming the Weekly Epidemiological Record into the substantive document it became. Smallpox surveillance reports took prominence and Ian played an active part in smallpox activities. In 1973 he spent six months in Uttar Pradesh, as part of the target-zero drive that helped tip the balance towards complete eradication. In 1978 he was sent to Birmingham UK to help manage a laboratory virus escape.

After retirement in 1986, Ian and his wife Mary travelled the world for many years. Later, they mostly visited their children in Brisbane, Perth, Ottawa, and Cambridge UK and spent the October-March period in Malta. Readers may remember from QNT 92 in July 2013, an article featuring Mary whose right leg had to be amputated in 2012. She had volunteered her story to hopefully inspire others to accept what happens in life. Despite her handicap, they continued their travels. Sadly, Mary passed away in 2014. Without her, Ian lost the
In May 2018, Ian moved into a nursing home. He was settling in when he fell and broke his right shoulder and right hip. A hip operation was performed the same evening. He spent the next day – 5 July, his 90th birthday – recovering in hospital and speaking with all his children, other family members and friends, before passing away suddenly in the early hours of the following morning, 6 July.

Ian is survived by four children, seven grandchildren, and two great-grand-daughters.

### Ian’s family

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**David Tejada de Rivero, died 4 November 2018 in Peru**

The world was still celebrating the 40th anniversary of Alma Ata when Dr David Tejada, who organized the Conference, died in his home country.

David was the son of political activist parents, and as a medical student he was exiled to Chile because of his own political activities. His outstanding public health career started in Peru. In 1965 he joined PAHO where he led the Planning Center. In 1974 Halfdan Mahler appointed David as Health Systems ADG. As such, he organized and led the preparations for Alma Ata, contributing his strategic health planning and political skills, as well as his rich field experience from Latin America.

During the Cold War, David conceived PHC as the Third World response to a medical model mostly oblivious to inequities and social injustice. With Mahler, Ken Newel, and others, he passionately contributed with strategic development perspectives to the discussions prior to, and during the Conference. Political negotiations with non-aligned countries, China, the USSR and the West were carefully crafted by WHO leadership to reach full consensus resulting in unanimous approval of the Alma Ata Declaration, which is still Global Public Health doctrine.

David played also a prominent role in discussions leading to the International Code of Marketing of Breast-milk Substitutes in 1981, another important WHO and public health achievement.

David retired in 1985 and served as Minister of Health of Peru twice. He also displayed intense and fruitful academic initiatives. Among the numerous distinctions he received at the national and international levels, PAHO distinguished him as a Public Health Hero in 2012. For all his extraordinary achievements, he will always be remembered as the most prolific public health Peruvian of all times.

The photo shows David receiving the PAHO Public Health Hero award, from Dr Mirta Roses former PAHO/AMRO Regional Director

_Eugenio Villar Montesinos and Constanza Vallenas_

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**U Mya Tu, born in 1927, died 6 August 2018 in Australia**

Dr Mya Tu passed away peacefully in Canberra. He was an illustrious medical professor, researcher and established the Burma Medical Research Council before joining WHO/SEARO. He was Director of Health Systems Programme and retired in 1987. Always very active in global health systems programmes during his career with WHO. Very well liked by his colleagues and he established various new programmes in WHO/SEARO. He will be well-remembered by his friends and colleagues all over the world and in Geneva. He leaves behind his wife and three children

_Dev Ray_
DEATH OF KOFI ANNAN

The seventh Secretary-General of the UN

Kofi Annan, the seventh Secretary-General of the UN died on 18 August 2018 in Bern, Switzerland. His demise triggered many well-deserved laudatory tributes from numerous institutions, political leaders and other personalities. Leading the UN from 1997 to 2006, he was the first Secretary-General to be appointed from the UN secretariat, and the first from sub-Sahara Africa. Annan was born in Kumasi, Ghana, on 8 April 1938 into a family of traditional rulers. He was deeply devoted to peace, human rights and humanitarian action. He was a constant advocate for the rule of law, the Millennium Development Goals, now the Sustainable Development Goals and Africa.

Annan was widely popular and respected, he was compared to Dag Hammarskjold (Sweden), whose memory is revered in international circles for his independence vs. governments. After his retirement from the UN, in 2008 Annan set up and presided over a Foundation in Geneva whose purpose was to mobilize political will to overcome threats to peace, development and human rights. He also joined The Elders, an independent group of global leaders working together for peace and human rights, launched by Nelson Mandela in 2007. The Group is supported by a small team based in London.

Kofi Annan is survived by his second wife, Nane Lagergren (Sweden) and two children from his first marriage.

Yves Beigbeder
THE MENTORING PROGRAMME OF THE DIRECTOR-GENERAL

Retirees become mentors of WHO staff

At our General Assembly in October 2017, Dr Tedros, the Director-General, announced that he would like to encourage former staff members to contribute to WHO. To respond to this proposal we drew up an action plan that has been approved by the DG\textsuperscript{1}.

At the beginning of 2018 a letter was sent to all retirees contributing to the WHO Health Insurance to explore their interest in the DG proposal. To date we have received 76 positive responses. Following consultations with the Human Resources Division, we informed them that they could register the candidates as part of the "zero-dollar consultants" category. This register will be created at the beginning of 2019. For "recent" retirees they are already eligible to apply to mentor young staff members.

One of our members, Dr. Kalula Kalambay had the satisfaction of becoming one of the first retirees to be accepted as a mentor. Below he recounts his experience.

\textit{Jean-Paul Menu}

The aim of the project is for retirees to share their experience and know-how, accumulated during their careers, and make it available to the young staff members. This approach would allow the Organization to create a more attractive environment for recruiting and retaining top talent and thereby improving its performance and assuming its leading role in global health.

This request, the first of its kind, was greeted with great enthusiasm by AFSM which undertook in turn to seek active participation of its members in this initiative. To date, of the more than 70 mentors identified, 11 (14\%) are retirees.

\textbf{My experience as a mentor.} The first step was the drafting and adaptation of my \textit{curriculum vitae} to the requirements of the "Global Talent Management". This step proved time-consuming and frustrating because it left me with the feeling of applying for a new job as I did early in my career. I expected the Human Resources Division to adapt the information I had provided to them, which is also in the archives of the Organization.

The next steps were easier and even stimulating. I was contacted a few days after the official launch of the initiative by a young colleague based in Copenhagen. After the usual introductions, we drew up a work plan with objectives and a follow-up schedule. We then had a short training with the programme team which proved very informative. The reference documents outlined the scope of the programme’s expectations and the detailed approach to carry out this task. Access to the site can be obtained by contacting the team of this programme.

I would actively encourage any former staff who are interested to consult the guidance documents, and to join this initiative.

I have to report that for the AFRO region, only two retirees have participated so far in this effort. There is some scope for improvement!

In conclusion, the mentorship programme launched by the DG is a very stimulating experience that would allow each of us to support this Organization, which in the past has given us so much, but best of all, to offer to the young staff members that which we have received from this world: our knowledge.

\textit{Kalula Kalambay}

\textsuperscript{1}See Quarterly News N\textsuperscript{o} 111, April 2018, page 14.
THE QUESTIONNAIRE AND SURVEY

A gentle reminder to complete the questionnaire and survey...

*Quarterly News* in English or French

Readers will recall that with the October edition of the *Quarterly News* (*QNT 113*), we enclosed a questionnaire requesting that you inform us of your language preference. This is because as from the January 2019 issue (*QNT 114*) the *Quarterly News* will no longer be a bilingual publication but will be printed in separate English and French editions in order to save costs.

We have received replies from about one third of our readers for which we are very grateful. However, this means that two thirds of you have not yet responded, so the January edition has been sent to you in the language we believe you would prefer.

If you wish to change the language, please let us know by email or letter, advising us of your name, postal address and email address.

Printed or electronic copy

We also asked readers to indicate whether they would be prepared to forego a printed copy and read the *Quarterly News* online. Some of you did express a preference for this option, which will help reduce our print runs. However, we are not yet in a position to implement this option and for the time being you will continue to receive a printed copy by post.

Content

The questionnaire also included a survey on your article preferences. The feedback received so far is most helpful and we look forward to hearing from many more of you so that any changes we make will reflect the views of the majority.

Thank you in advance for your help.

*The Editorial Board*
A last-minute update to the article on page 17

“Stop-press” change to the “Important Information about the SHI Newsletter” in Quarterly News

In this issue of Quarterly News (QNT 114), on page 17, we inform our members of the decision taken by the WHO Administration and SHI to no longer print the SHI Newsletter for reasons of economy, our note goes on to say that in future the SHI Newsletter will be sent only electronically.

The Executive Committee was extremely concerned by the impact this decision will have on retirees and survivors who have no access or are not in a position to use email and internet. Currently, approximately one third of retirees have not provided email addresses to SHI.

We are happy to inform you that this decision has been reconsidered and that SHI has now agreed to continue for the time being the printing and sending of its Newsletter to those retirees and survivors who cannot use email and internet. At the same time, SHI will reiterate its request that all those who can provide an email address and have not communicated it should do so.

We are most grateful to the SHI Administration and to the Director-General for this reconsideration.

The Executive Committee
The annual reception was held at WHO headquarters on Thursday 4 October.

*Photos: Sue Block Tyrrell*
Dr Tedros enjoyed the Reception and this happy group photo was taken just before he left to go back to his office.