The plight of polar bears, facing destruction of their unique habitat as Arctic sea-ice melts, illustrates the fact that climate change affects the environment of all living creatures on this planet. In this issue we look specifically at the impact on the health and well-being of human populations around the world, and how WHO is addressing the challenges.
We are publishing two important notices on page 17, one is a reminder to cast your vote in the SHI elections to choose our representatives on the Global Standing Committee (SHI/GSC) and on the Global Oversight Committee (SHI/GOC). The other notice concerns those in receipt of a UN Pension – it is Certificate of Entitlement time again. You should have already received your 2019 form. Do not forget to sign it and return it to UNJSPF in New York or Geneva, as quickly as possible, in order to continue to receive your pension.

No doubt all of us have tales to tell of how their local weather patterns have changed over the past few decades. This is happening on a global scale and the harmful effects are causing concern to public health and other services all over the world. Dr Lindsay Martinez has prepared an overview of climate change, its impact on health, and the role of WHO, with comments from Dr Maria Neira, Director of the Department of Public Health, Environmental and Social Determinants of Health. See page 4.

The AFSM cruise in Holland was another successful holiday, experiencing good weather, excellent organization and great food and service. Read Bunty Muller’s account on page 19.

Keith Wynn
Climate change and its impact on health: the role of WHO

Climate change has consequences which are experienced in different ways and to differing degrees everywhere on the planet. Global warming may be of some benefit in colder areas, but overall it is proving to be increasingly harmful and destructive. Studies of climate change some 30 years ago focused mainly on climatic conditions and the effects on ecosystems and biodiversity, and it took a few more years for the implications for human health and well-being to become fully recognized. Understanding of the links between climate change and health has greatly increased in recent years. This article considers the health impact worldwide and how WHO is addressing the new challenges that it entails.

The changing climate

Global warming is driven primarily by fossil fuel combustion. The quantities of greenhouse gases (CO$_2$ and others) thus released are sufficient to trap extra heat in the lower atmosphere. In general, rising temperatures are expected to reduce the duration of extremely cold periods and increase the frequency and length of extremely hot periods. The impact will vary depending on regional characteristics, but it is evident that extreme weather events are becoming more frequent and destructive around the globe. Warmer air temperatures cause increased evaporation of water, leading to increased precipitation which may take the form of rain or even snow in different regions, resulting in floods and landslides. In warm dry regions evaporation can lead to drought, desertification, or unstoppable wildfires. Rising sea temperatures are causing expansion of hurricane-prone zones, and tropical cyclones are expected to become more intense and damaging. Melting of glaciers is causing sea levels to rise, leading to coastal erosion and threatening populations in low-lying territories and islands. These trends will have increasingly harmful impacts on health and more broadly on human society, and affect all forms of life on this planet.

Extreme weather events have always occurred but now it is estimated that global warming due to human activity is making them 3 times more likely. In just the first quarter of 2019 severe weather events were experienced on every continent, including in: Australia (highest temperatures, driest January on record, devastating wildfires in Tasmania); Argentina (record high temperatures with wildfires in Tierra del Fuego, record rainfall and extensive flooding in the north); Chile (exceptional rainfall in the Andes, severe floods and damage); Bolivia, Peru and northern Chile (extreme heatwave and drought, followed by torrential rain with floods, casualties and widespread damage); Canada (extreme cold in large areas, record snowfalls in Ottawa); USA (influx of arctic air in Upper Midwest and Northeast caused severest winter conditions on record); Europe (record snowfalls in the eastern alpine regions of Austria, Germany and Switzerland); Eastern Mediterranean and parts of the Middle East (exceptional cold front caused widespread dust storms); Iran (torrential rainfall in record quantity and duration, with flooding and landslides); Pakistan and NW India (exceptional rain and snow falls caused widespread damage and casualties); Mozambique, Malawi and Zimbabwe (tropical cyclone Idai caused unprecedented...
The most direct link between climate change and ill health is air pollution which is caused mainly by burning fossil fuels for power, transport and industry. The resulting air pollution is a major cause of illness and premature death worldwide.

Photo: WHO (COP24 Special report: health and climate change)


The consequences for health

Climate change is the greatest health challenge of the 21st century, stated WHO in its Special Report for the UN COP24 conference in 2018. Experts predict that climate change will increase the threats to health worldwide, particularly in lower income populations and in tropical and subtropical regions. The health impacts are diverse. They include the direct effects of severe weather events, the indirect health consequences of environmental changes, and the multiple health problems experienced by populations displaced by climate-induced disruption.

The specific effects on health attributable to climate change include, but are not limited to, the following.

Air pollution due to fossil fuel combustion causes around 7 million deaths annually, with residents of densely populated areas most vulnerable. High air temperatures also raise the levels of ozone and other toxic pollutants of the air which exacerbate cardiovascular and respiratory illness, especially in older people, and accumulation of air-borne allergens increases the incidence and severity of asthma. Heatwaves cause heat stress, dehydration and heatstroke, to which elderly people are particularly vulnerable, and can be fatal. Rising temperatures are enabling the insect vectors of diseases, such as those which transmit malaria and dengue, to extend their territory to previously unaffected areas and populations. Droughts result in famines, with children most vulnerable to the effects of undernutrition and lack of safe drinking water. Desertification destroys agriculture, food and water sources, forcing people to abandon their homes. Coastal erosion is another cause of population displacement, hardship and ill health. Storms and floods cause injury, loss of life, contamination of drinking water, destruction of infrastructure and difficulty of access to health services; floods are frequently followed by infectious disease outbreaks, notably cholera and other diarrhoeal diseases. These and other results of global warming have harmful consequences for health and well-being, both in immediate health impact, injury and loss of life, and often with life-long sequelae, particularly for mental health. They also bring an enormous financial burden, with direct health impact alone estimated to cost USD 2–4 billion per year by 2030.

The global response

Mobilization of a global response began in 1988 with the establishment of the Intergovernmental Panel on Climate Change (IPCC) by UNEP and WMO, mandated to assemble and review the published scientific evidence on climate change, the effects of human-induced changes, and the available options to lessen the impacts of climate change. The 3rd IPCC Assessment Report in 2001 highlighted the consequences for human health, setting out the types of impact to be expected. Little progress in reducing harmful emissions was made in the following years but new impetus was given to global efforts by the Paris Climate Agreement in 2015, ratified by 183 countries committed to strengthen the global response to climate change, with a key objective to limit global warming to not more than 1.5 °C above pre-industrial levels. But in its most recent report in 2018, the IPCC warns that global warming is worse than predicted and stresses the need to maintain strong commitment to the goals set in Paris.
The UN Framework Convention on Climate Change (UNFCCC) was adopted in 1992, in order to bring countries together in a concerted global effort to curb greenhouse gas emissions and adapt to climate change. The Parties to the Convention (COP) meet annually to negotiate multilateral responses to climate change. The Paris Agreement was signed during the COP23 meeting, and in 2018 a call to action on climate and health was issued for COP24 by medical organizations and professionals in 120 countries. Now in 2019 widespread concern and impatience with inadequate government action is being expressed in large-scale public demonstrations in numerous countries. To highlight the urgency of the situation, and that there is still just enough time left to prevent a global disaster if the necessary measures are implemented rapidly, the UN Secretary-General is convening the UN Climate Action Summit 2019 – A race we can win, to be held in September with representation from business, finance and civil society.

The role of WHO

The impact of climate change is multifaceted, affecting a range of the essential sectors that underpin human society. WHO and several other UN Agencies are engaged in the global multidisciplinary effort to combat the causes and reduce the consequences of climate change. Inter-agency cooperation has been necessary from the start. WHO became involved when the IPCC requested a chapter on human population health for its 2nd Assessment Report, published in 1996, and in 1997 WHO was invited to join a UN inter-agency programme, termed ‘climate agenda’, set up to integrate all major international climate-related activities.

The priority that WHO has given since then to the health impact of climate change was enshrined in the first WHA resolution (51/29) on this subject in 1998 which included, in brief, (i) urging Member States to take account of environmental changes in their plans for sustainable development, develop strategies to adapt to the health consequences of climate change, raise awareness and promote action to limit global warming, and encourage capacity building in these areas, and (ii) requesting WHO to further develop its relations with the relevant UN agencies, collect and review epidemiological information to support policy decisions, identify and promote research priorities, and secure adequate resources for these activities.

WHO’s mandate in this field was reconfirmed and further elaborated in a subsequent WHA resolution (61.19) in 2008 which set out a series of specific action points, including on assessment of health risks, implementation of response measures, and integration of health measures in plans for adaptation to climate change. In 2009 WHO held a global consultation to identify the research needed to develop evidence-based guidance concerning the health risks and adaptation to the changing environment. Also in 2009 WHO held a side event during the UN COP15 conference which was important in demonstrating to a wide audience of senior ministers and scientists how WHO was involving the health sector in responding to climate change challenges.

Since then, there have been numerous international, regional and national consultations and conferences, many devoted specifically to the health issues and others as sessions within events on different and broader climate-related topics. WHO convened the first global conference on climate and health in 2014, followed by others in 2016 and 2018. The World Health Report was devoted to this subject in 2002 and over the years WHO has published an extensive array of reports and information documents on the health consequences of climate change and the public health response to it. A new work plan in 2015 set out the actions relative to the key themes that have been central to WHO’s approach, and in 2019 a broader strategy on health, environment and climate change was approved by
the WHA, in which the strategic objectives are aligned with several of the goals of the 2030 Agenda for Sustainable Development and implementation of the 2015 Paris Agreement.

Much has been done by WHO and other organizations to raise awareness of the harmful consequences of climate change, and to identify and promote what needs to be done to avert an impending crisis. But implementation is generally lagging and public demand for urgent action is growing. WHO has given high priority to the health impacts of climate change, and Dr Maria Neira, Director of the Department of Public Health, Environment and Social Determinants of Health (PEH), kindly agreed to discuss the progress so far and what lies ahead.

**Dr Neira’s comments**

The main success that WHO can claim so far is in producing solid reliable evidence on the health impacts of climate change. This evidence is widely trusted and now being used by other agencies and stakeholders as well as the health sector. Recognition of the damage to health worldwide is influencing the energy sector and triggering action to replace fossil fuels by clean and sustainable energy sources. The evidence that air pollution causes around 7 million premature deaths annually led to a dramatic change of policies.

Some of the risk factors that threaten the environment are modifiable, including climate change, so it is essential to include it in the agendas of other sectors (such as water and sanitation, agriculture, transport, environment...). In the most vulnerable settings, people facing urgent health problems or imminent danger may not see climate change as an emergency, but the environmental context is more readily understood by policy-makers.

There is now a huge demand from countries for help in dealing with the climate-related health threats. In response, WHO is promoting two approaches – adaptation, to make health services resilient to climate change by better preparation and reinforcing core public health measures, and mitigation through primary prevention of the causes of climate change. Air pollution is critical and its reduction would have an enormous health impact, particularly on non-communicable diseases. A recent encouraging sign for the future came from the energy sector and the SDG 7, with recognition of the need to increase access to clean energy for health-care facilities, and a global platform for action on “Energy and health” is about to be launched. There is a long way to go, but if the Paris Agreement is implemented as planned, it could be seen as an exceptionally ambitious global public health treaty.

Commitments are necessary but priorities need to be translated into investment and action, with policy decisions taken accordingly. Even within WHO, it may surprise readers that at present only 3% of the total global budget is allocated to environmental determinants and climate-related health. Fund-raising is an ongoing challenge and lack of resources is delaying what could be done.

**Conclusion**

As this overview indicates, WHO is successful in raising awareness of the harmful effects of climate change for human populations, in providing solid evidence on the health risks, and in influencing policy decisions in the health and other essential sectors. But there is clearly an unmet urgent need for more investment and decisive action to tackle the causes of climate change. Governments and major industrial producers and users of energy have a crucial role – and we should all be aware that efforts by individuals are also essential.

*Our very appreciative thanks to Dr Neira for her valuable contribution, bringing the story of WHO’s involvement in this exceedingly important field right up to date. We wish her and her colleagues success in promoting and accelerating the action that is so urgently needed.*

*Lindsay Martinez*
2019 AFSM GENERAL ASSEMBLY AND ANNUAL RECEPTION

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.

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 issues presented, see below – will be welcomed, or to the Annual Reception, where you can relax and enjoy the company of many former friends and colleagues.

A proposal for amending our Statutes

Dear AFSM Member,

Article 3 of the AFSM Statutes stipulates that

“All former WHO staff members, wherever they may reside, can ask to be members of the Association of Former WHO Staff Members. The same applies to the surviving spouse of a former WHO staff member.”

The AFSM has received some requests by former staff of three entities which are closely linked to WHO, namely UNAIDS, UNITAID and ICC (International Computing Centre) to join the AFSM, as these entities do not have an association of former staff. The Executive Committee has discussed this matter and has consulted the WHO-HQ Staff Association. We therefore propose to amend the AFSM Statutes to allow AFSM membership to the former staff of these three entities whose staff are subject to the same staff rules and contribute to the common WHO Staff Health Insurance (SHI). UNITAID and ICC staff are represented by the WHO-HQ Staff Association and the UNAIDS Staff Association sits in the Global Staff Management Council (GSMC) together with all other WHO Staff Associations.

We will therefore submit the following amendment to our Statutes to the AFSM General Assembly on 22 October 2019:

“In the AFSM Statutes, any reference to WHO in the text should be understood to mean “WHO and other entities whose staff contracts are administered by WHO and whose staff participate in the WHO Staff Health Insurance”.”

We hope that you will agree to this amendment and allow us to offer AFSM membership to the former staff of these entities. No further action is required from you if you agree. If you disagree, please let us know by email or by letter before end September 2019.

The Executive Committee

GREETINGS FROM NEPAL

For several years now, the Editorial Board members of Quarterly News have received a beautiful season’s greetings/New Year card from an AFSM member in Nepal – Mrs Krishneswori Pradhan in Kathmandu. Thank you so much Mrs Pradhan for your kindness and for the beautiful pictures of Nepal on the cards.
Breast cancer in older women

Breast cancer affects one in 12 women and its frequency increases with age. Less common before age 40, the annual rate of new cases appears to be highest in those aged 60–80. However, breast cancer can also occur in women older than 80, and is being detected more and more frequently. Unfortunately, precise information and consensus regarding treatment are not available, due to a lack of studies to define evidence-based therapeutic strategies for older patients.

See also Quarterly News No. 80, page 6, Breast cancer: importance of early detection. (July 2010)

The problem of breast cancer in older women is illustrated by two epidemiological databases established in the USA: the database of San Antonio and the SEER (Surveillance Epidemiology and End Results) which follow 26% of the American population. The data collected enable an approach to the biological and clinical components as a function of the age of the patient as well as comorbidity factors (the presence of 2 or more ailments). Information concerning therapy choices should be developed as a priority in the next stage of these programmes.

Specifics of breast cancer in older women

- Diagnosis is generally made at a later stage in older women, often due to a lack of self-examination and mammography, and because their attention is often focussed on other ailments (such as arthritis). Recent observations show that in about 48% of patients aged 65 years or more, breast cancer is diagnosed after metastasis has taken place.
- However, in general, breast cancer in older women is often less aggressive than in younger women, although cancers that are very aggressive from the outset also occur. Breast cancer is the leading cause of death in women aged 35–55 years, while in those aged over 70 cardiovascular disorders are the main cause.

Once the diagnosis has been made, the main issue concerns the choice of treatment. Older patients are often reticent regarding the more aggressive therapies. In selecting the most appropriate treatment, it is essential to take account of general factors such as the physiological age and general health of the patient, other co-existing conditions and the level of autonomy, in order to avoid “over treating” the patient and thereby cause, or aggravate, a severe illness which could prove fatal. The most appropriate treatment strategy is therefore decided on a case-by-case basis.

Surgery (mastectomy or tumorectomy), radiotherapy and hormone therapy may be considered. The role of chemotherapy is less certain due to a lack of clinical studies in those over 70 years of age.

Geriatric assessment

In order to optimise the care of older patients and to determine the treatment most appropriate for each case, geriatricians have developed a multifaceted scale of geriatric assessment (Comprehensive Geriatric Assessment or CGS). This is based on detailed questions (medical history, comorbidities, careful clinical examination and biological status) as well as determination of any deficiencies in different systems: cognitive functions, thymic function (possible depression), nutritional status, balance and risk of falls, level of autonomy and dependence. This assessment has the advantage of highlighting the important factors to be taken into account and gives less importance to the patient’s age in years since birth. These factors must be evaluated when selecting the therapeutic strategy for older breast cancer patients.

Treatment

Surgery is the leading option since recent studies have shown that the case fatality rate was much greater when medical treatment alone was prescribed. However, for very elderly patients, or those with significant comorbidities for whom surgery presents a high risk, hormonal therapy
alone may be envisaged. Most elderly patients prefer tumorectomy (removal of the tumour only), which is an acceptable alternative to mastectomy if followed by radiotherapy.

The main benefit of adjuvant radiotherapy is a significant reduction in the level of local recurrence, regardless of the patient’s age or the size of the primary tumour. The rate of recurrence within 10 years is 27.2% without radiotherapy, compared to 8.8% in those who had received radiotherapy\(^2\). However, a decrease in the rate of mortality from breast cancer seems more difficult to demonstrate in older women. Older patients do not seem to suffer more secondary effects of radiotherapy – cutaneous rash, hyperpigmentation, moderate, and generally reversible, asthenia – than younger women.

In cases of hormone-sensitive cancer, some patients prefer to replace radiotherapy by hormone therapy alone. At present there are too few data to be sure that this is equally effective. In the event of hormone-insensitive cancer, treatment by chemotherapy may be considered, though unfortunately data concerning its efficacy in patients aged over 70 are lacking.

For many years chemotherapy was only prescribed in cases of metastatic cancer. At present new molecules are being evaluated and potentially their use could enlarge the application of chemotherapy in breast cancer patients, including for older patients. For localised cancer already advanced at diagnosis, hormonal therapy and/or adjuvant chemotherapy may be envisaged, but again data are lacking on efficacy in older patients. For breast cancers that are metastatic and hormone-sensitive at the outset, the best treatment is undoubtedly antitumoral hormone therapy. Chemotherapy is reserved for cases where the tumour cells do not have hormone receptors, or which no longer respond to hormone therapy. Exceptionally, chemotherapy is envisaged when there are extensive visceral metastases even if the tumour is hormone-sensitive.

**Summary/Conclusion**

A large proportion of breast cancer cases occur in older women (80% of are diagnosed after 50 years of age) and require specific case management. The diagnosis is often made at a late stage of locally advanced or metastatic cancer. In biological terms, the large majority of these tumours are sensitive to hormones as their cells possess surface hormone receptors. This explains the efficacity of hormone treatment in these cases. But surgery remains the prime option when the tumour is localised. The methods are discussed in relation to the size of the tumour and the patient’s preference. If the tumour is small, some patients prefer mastectomy to avoid the constraints and fatigue of radiotherapy which requires frequent visits over several weeks. To complement surgery, hormone therapy and/or chemotherapy may be added, depending on the case. Only if surgery is refused would hormone therapy alone be chosen, since although the immediate results are often good, the risk of relapse is significant.

*Dr David Cohen*

**Sources:**

1 Breast cancer in elderly: Sami G.Diab, Rocky Mountain Cancer Centers – Aurora, Colorado, USA. sami.diab@usoncology.com


Swiss Medical Review 2004

Anti cancer League – France; ©2007 medicine/sciences – inserm/SRMS
MEETING WITH THE DG

The Director-General and the Association

As mentioned in our April issue, we have started our regular meetings with the DG. The Bureau of our Executive Committee met with him and some of his senior staff on 22 March.

This meeting took place a few days after Dr Tedros had announced a major step towards the transformation of WHO. We asked him to describe his plans for our readers and you will find below a paper prepared by Dr Bruce Aylward who has been nominated to lead the transformation process. In this connection, we are also thinking of organizing a lunch-time seminar for our members.

Following our participation at the High-level WHO management meeting in Nairobi last December, Dr Tedros also invited us to participate in a major meeting, the Inaugural WHO Partners Forum held on 9–10 April 2019 in Stockholm. Our colleague, Dr Hans Troedsson, former Assistant Director General and resident in Sweden, kindly agreed to represent AFSM and you will find his report on page 13. During our meeting with the DG we exchanged views on many other subjects and are very pleased with the interest Dr Tedros shows in our Association. We look forward to his presence at our General Assembly on 22 October.

Jean-Paul Menu

TRANSFORMING WHO

The WHO Transformation Agenda
(at 25 March 2019)

The case and goal for our change

The Sustainable Development Goals (SDGs) and UN Reform are driving deep changes in all UN agencies, programmes and funds. The need for strong leadership on the health-related SDGs is particularly compelling. Nearly 70 years after WHO’s founding more than 50% of people still cannot access health services, new pathogens and their rapid spread are mounting, and noncommunicable diseases have become the leading cause of death and disability globally.

WHO must become fit-for-purpose in the 21st century and able to work seamlessly across our programmes, 7 major offices and 3 levels (HQ, Regions, and Countries), to ensure our normative work translates into real impact at country level. We must still ensure technical excellence as we become more agile, mobile, flexible and innovative while relentlessly focused on results in a rapidly changing global environment.

Our approach to transformation

Lessons from WHO reforms over the past 15 years informed our transformation. The design was also guided by a DG request to all staff for ideas and a detailed survey that examined our work environment (over 5,600 staff or 61% responded). Kicked-off in September 2017, our transformation has a holistic approach with five major elements:

- a new strategy with clear goals and targets to drive the work of all staff;
- a redesign of our key technical, business and external relations processes;
- a new, aligned operating model across all three levels;
- a culture change agenda to improve collaboration and bring out the best in our staff;
- a new approach to communications, resource mobilization and partnerships.

Our DG, DDGs, RDs and Chef de Cabinet meet each month to lead the transformation, engaging staff from all 3 levels through working groups, WHO-wide seminars, “change supporters”, monthly DG updates
and a dedicated Intranet site. In November 2017, “quick wins” were selected to substantively change the effectiveness of country operations. From 10–12 December 2018, DG and RDs held our first-ever Global Management Meeting, with the entire senior team (approx. 300), to agree on priorities and direction.

A new WHO strategy
The first step was the development of our new strategy, the 13th General Programme of Work 2019–2023. GPW13 enunciates our vision and new mission, three strategic priorities, the bold “1 billion lives” goals, and a series of strategic shifts to ensure our core work on science and norms and standards is relevant in all countries and delivers impact. Our first-ever Investment Case, in September 2018 was based on GPW13. In February 2019 we held our first WHO-wide Goals Week so all staff could link their personal objectives to specific GPW13 outputs.

Redesigning our core processes
From June–December 2018, 13 of our core processes were fundamentally redesigned to optimize, standardize and harmonize them across all major offices based on best practice, including 6 technical, 3 external relations and 4 business processes. These redesigns were conducted in three waves: (1) the programme budget process; (2) technical cooperation, norms & standards, data, resource mobilization, communications, recruitment, supply chain, performance management; (3) innovation, policy dialogue, research, internal communications.

Aligning and optimizing our operating model
Our previous operating model was oriented to GPW12 and was not harmonized across the major offices, hampering our ability to operate seamlessly and resulting in some duplication, inefficiencies and missed opportunities. Intensive consultation and analytical work resulted in four principles to inform and underpin a new WHO-wide operating model:

- the approach must be aligned across the seven major offices and three levels for seamless delivery;
- new, agile ways of working were needed to boost effectiveness and responsiveness.

On 6 March 2019, our DG and RDs announced a completely new WHO operating model that aligns the three levels to deliver on the SDGs, engage fully in UN reform, and bring consistency to our core processes. This includes clear roles for each level, with country offices leading engagement with governments to translate normative work into policy, Regional Offices leading on technical cooperation and HQ focusing on global leadership and our ‘global goods’ (e.g. norms & standards, research, data products).

This new operating model introduces major changes. Instead of seven different set-ups, the DG and RDs announced a single, streamlined structure for the entire organization, with four major pillars: two pillars, programmes and emergencies, will focus on delivering the “triple billion” targets; the other two provide corporate external relations and business functions. These pillars extend through the three levels to enable consistent, seamless work and are supported by new, HQ-based divisions for science and data/analytics. New ways of working are being introduced and include three-level delivery teams, cross-cutting teams and ‘agile’ product delivery teams.

To continue to attract, motivate, incentivize and retain the best people, we will also transform into a career organization through a comprehensive approach that includes: a new recruitment process; career pathways; professional development for managers; a new WHO Academy; international opportunities for NPOs; and a complete revamp of the WHO Global Internship Programme. A diversity and inclusion strategy will be established with clear targets and mobility will be a key criterion for career progression.

Optimizing our culture for collaboration and impact
Our staff survey also identified key shifts in mindsets and behaviours that are needed for this transformation as well as themes that led to a number of priority corporate actions. For example, to define a WHO Values Charter, DG launched a
broad staff-engagement process that culminated in a 3-day online “Values Jam”, connecting more than 2,700 staff with top leadership. A second major action on leadership and management capacity building is being piloted to improve the skills of senior leaders.

To assist the transformation and drive cultural change, a network of over 300 change supporters across all WHO offices has been established to provide feedback as well as ideas and directions for change and improvement. “Open-door” policies with dedicated time to listen to staff ideas have been implemented by the DG and other senior managers.

**Next steps**

The new HQ leadership team and structure took effect from 18 March 2019. Work started immediately with Directors and staff to align all HQ departments with the new operating model, introduce the redesigned processes and kick-off key initiatives (e.g. the WHO Academy). In parallel, Regional Directors have begun examining their Regional and country office structures and ways of working to align with the new WHO-wide approach. Our goal is to have this ‘new WHO’ fully functional for the 2020–2021 biennium, to ensure we can fully deliver in this new era of SDGs and UN reform.

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**WHO PARTNERS FORUM**

**Reflections by an AFSM participant at the Inaugural WHO Partners Forum in Stockholm**

The Director-General, Dr Tedros, invited AFSM to send a participant to the Inaugural WHO Partners Forum held on 9–10 April 2019 in Stockholm, as part of his initiative to actively involve AFSM in the ongoing work of WHO. The author was requested by the President of AFSM to attend this meeting representing the Association. As a retiree with plenty of time, I decided to go by train and not by air from Malmö to Stockholm in the spirit of minimizing my carbon footprint.

The Partners Forum was organised by WHO together with the Government of Sweden in an effort to establish longer term collaboration with partners to secure resources required to implement the 13th General Programme of Work (GPW 2019-2023) and strengthening partnerships in the implementation of health-related SDG (Sustainable Development Goals) targets. The Partners Forum brought together approximately 200 participants from Member States, intergovernmental organisations, academic institutions, civil society organisations, philanthropic foundations and private sector entities.

The Forum opened late afternoon on 9 April with key-note remarks by the Director-General and the Swedish Minister of International Development Cooperation followed by a panel discussion with partners such as Peter Sands, EXD/GFATM and Seth Berkley, CEO/GAVI. The next day continued with another panel discussion with Chris Elias from Gates Foundation and Elhadj As Sy from IFRC. These key-note remarks and panel discussions focussed on partnerships and financing with the clear message that there needs to be a country focus, measurement of impact, and that partners need to work together. Furthermore, investment in WHO is an investment in global health and should be complemented with strong collaboration with partners to achieve better impact. The second day was then mainly devoted to discussions with all participants in a market-place style arrangement with 12 WHO case studies being reviewed and discussed. This gave ample time for considering lessons learned as well as formulating recommendations on future directions and cost-effective actions by WHO and partners in delivering the 13th GPW and implementing the Sustainable Development Goal 3 (the health goal).

A few reflections by the author, who has been with WHO for more than one-third of the Organization’s existence: The issues and challenges for WHO
presented and discussed at this Forum are actually the same ones that have been highlighted and debated during the past 25-30 years. They can be captured in the acronym EARTH:

- Efficiency,
- Accountability,
- Relevance,
- Transparency,
- Health outcomes.

However, the process, e.g., presenting illustrative case studies for discussion with partners was certainly innovative, and the suggestions for a way forward, while perhaps not completely novel, were at least promising and could potentially reinforce partnerships in global health and secure funding for WHO to do its work which might be summarised in the acronym TELLUS:

- Transformation of WHO,
- Effectiveness of health systems,
- Leadership,
- Labour division among partners,
- Universal applications of normative work,
- Synergy.

Finally, while the author was actively participating in the discussions of the case studies, an attempt was made to keep a low profile, bearing in mind the advice by Mark Twain: “It is better to remain silent and be thought a fool than to open one’s mouth and remove all doubt”.

Hans Troedsson

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**72nd WORLD HEALTH ASSEMBLY**

**Achievements, commitment, accountability**

The 72nd annual World Health Assembly ended on the 28th May in Geneva. Over 9 days of intensive work Member States adopted a new global strategy on health, environment and climate change and committed to invest in safe water, sanitation and hygiene services in health facilities. Countries adopted a landmark agreement to enhance the transparency of pricing for medicines, vaccines and other health products. The new WHO programme budget was approved and a common approach to antimicrobial resistance was agreed.

Patient safety was recognized as a global health priority and the 11th Edition of the International Classification of Diseases was adopted. Countries agreed three resolutions on universal health coverage with a focus on primary healthcare, the role of community health workers and the High-Level Meeting on Universal Health Coverage in New York in September 2019.

WHO appointed four new Goodwill Ambassadors who will work closely with WHO to draw attention to health issues affecting people’s lives and well-being.

The new Goodwill Ambassadors are:

- Cynthia Germanotta, WHO Goodwill Ambassador for Mental Health
- Footballer Alisson Becker, WHO Goodwill Ambassador for Health Promotion
- Dr Natália Loewe Becker, WHO Goodwill Ambassador for Health Promotion
- Her Excellency Ellen Johnson Sirleaf, WHO Goodwill Ambassador for the Health Workforce

At the closing speech for the World Health Assembly 72 Dr Tedros Adhanom Ghebreyesus, WHO Director-General, said,

“I cannot emphasise strongly enough what a decisive moment for public health the High-Level Meeting could be. A strong declaration, with strong political support, could transform the lives of billions of people, in realizing what we have always advocated for – health for all”
Walk the Talk: The Health for All Challenge 2019

On Sunday 19 May, 2019, WHO and a wide range of partners hosted the second Walk the Talk: The Health for All Challenge, celebrating healthy lifestyles and highlighting Geneva’s important role in global health. Dr Tedros was present through-out, opening and closing the event, and the Place des Nations was the designated starting and finishing point.

The event was an overwhelming success with enthusiastic walkers and runners trailing one of three routes: a short 3km, a medium 4.2km and a longer 8.5km, all of which took participants from the Place des Nations, up to WHO campus and back, with the longer distances meandering through the Botanical Gardens and the 8.5km extending along the flowering lakeside embankment. Enjoying the morning were people from all walks of life, Member State representatives and Heads of sister agencies and NGOs, elite runners, families with children in tow, mothers and fathers pushing prams, and countless WHO staff and retirees often forming chatting pods and truly “talking the walk”.

This year’s event was honoured by the participation of the First Lady of Kenya, H.E, Mrs Margaret Kenyatta, a marathon runner and strong advocate of healthy lifestyle choices, the long-distance record holder Eritrean-born Swiss Tadesse Abraham, and other dignitaries accompanying Dr Tedros on stage to join the chorus of encouraging words for healthy lifestyles with a strong emphasis on mental health.

In additional to the walk, on offer were various participative activities, such as basketball, field hockey and yoga. Refreshment, souvenir and promotional stands were present on the WHO campus and at the Place des Nations, which was enlivened by the rhythmic beat of African drums and the après-walk crowd jived to the beat and were entertained by dancers demonstrating African forms.

Bravo WHO for a successful, and fun, celebration of healthy lifestyles.

Barbara Fontaine

PARKING AT WHO HEADQUARTERS

We have been informed that as from 3 June 2019, the policy for parking on WHO premises has changed.

Effective from that date the previously unrestricted above ground parking areas will be reserved for serving WHO staff only and a daily parking fee will be deducted from their salaries.

Under the new arrangements former staff will be considered as visitors and will be entitled to park in the visitor spaces available in front of the main building. There will be no charge for parking in these spaces, however there are unfortunately very few spaces so there is no guarantee of availability.

On your next visit to WHO you can exchange (or obtain) your current parking sticker for a new version at the reception desk that will enable the WHO guards to identify your vehicle as one belonging to a former staff member. Make sure you only park within white boxes in the VISITORS area. DO NOT PARK in areas signposted “Missions”, anywhere else on the WHO site, or within yellow lines. The WHO parking contractor will automatically issue tickets for parking infringements which could result in a fine by the Geneva Police. If you have any questions or need any special assistance you can contact hqgarages@who.int

Former staff are therefore encouraged more than ever to use public transport when visiting headquarters.
NEWS FROM WHO

Highlights of other news from WHO

- The construction of the new building B at WHO headquarters is progressing and staff were invited to cast their vote for the interior colour scheme, based on four elements of nature - Air, Forest, Water or Wood.
- End February, for the first time, the UN system launched a One UN Vision for Road Safety: road traffic crashes continue to be the leading cause of death or injury for UN personnel.
- The theme for World Hearing Day on 3 March, was “Check your hearing”, and to facilitate this, a hearWHO app is on the market – it can be downloaded from the Google Play Store or the App Store.
- In mid-March, a new Global Influenza Strategy 2019–2030 was launched to prevent seasonal influenza, control the spread of influenza from animals to humans, and prepare for the next influenza pandemic.
- World Health Day this year focused on Universal Health Care: on 5 April a Solidarity Chain was organized in Geneva, with calls for its replication elsewhere in the world, with staff and former staff from WHO, UN agencies, Member States and health partners joining hands to form a human chain between WHO headquarters and the Place des Nations.
- On 22 March, the Director-General declared the humanitarian situation in Mozambique as a Grade 3 Emergency under WHO’s Emergency Response Framework. WHO faced several emergencies, not least the continuing response to the Ebola virus disease outbreak in the Democratic Republic of the Congo.
- End March, WHO announced that diseases cost the African Region USD 2.4 trillion a year and launched an investment case to achieve the Sustainable Development Goals and universal health coverage in Africa.
- On 4 April, WHO confirmed that women outlive men everywhere in the world – particularly in wealthy countries. The World Health Statistics 2019 – disaggregated by sex for the first time – explains why. These data should be used to make evidence-based policy decisions that move us closer to a healthier, safer, fairer world for everyone.
- On 19 April, Dr Richard Valery Mouzoko Kiboung, a WHO epidemiologist died during an attack against health workers battling Ebola in the North Kivu province of the Democratic Republic of Congo.
- On 30 April a malaria vaccine pilot was launched in Ghana. It will be made available to children up to 2 years of age in three African countries.
- On 6 May, WHO released details on its strategy to prevent and control snakebite envenoming, a neglected tropical disease that affects 1.8–2.7 million people each year, claiming 81 000–138 000 lives and causing 400 000 cases of permanent disability.

Further information and documentation can be found on the WHO website – www.who.int

Sue Block Tyrrell
**SHI: IMPORTANT INFORMATION**

**Election by former staff of Members and Alternate Members to the Governance Committees of the WHO Staff Health Insurance (SHI)**

**DON’T FORGET**

By the time this edition of *Quarterly News* has been received, those of you who are participants in the Staff Health Insurance (SHI) will have received from the SHI a voting bulletin to elect your representatives to the Global Standing Committee (SHI/GSC) and to the Global Oversight Committee (SHI/GOC) for the period September 2019 to August 2023.

These Committees play an important role in the management of the SHI. Amongst other functions, the GSC examines certain claims for reimbursement and based on its experience makes recommendations to the GOC for changes in the SHI Rules. The GOC on the other hand essentially reviews the operations and financial aspects of the SHI and makes recommendations to the Director-General. These two Committees ensure the sound financial management of the SHI in order to guarantee sustainability in the level of benefits offered.

The representation of the retirees on these Committees is essential and it is very important that as many as possible will cast their vote in order to give maximum legitimacy to your representatives.

**PENSION FUND: IMPORTANT INFORMATION**

**Annual Certificate of Entitlement: Remember to sign it and return it!**

By the end of February 2019, 404 WHO retirees had not signed and returned the 2018 Certificate of Entitlement to the Pension Fund. This certificate was first sent to them in early 2018 followed by a reminder in September. If the Pension Fund had not received the form by the end of March 2019, the pension payments would have been suspended.

This is a recurring problem and for the past three years the Pension Fund has sent to AFSM the names of retirees for whom forms are missing, requesting us to help locate them. Unfortunately, for reasons of confidentiality, only the names but not the full addresses are provided.

We expended much time and energy contacting as many of these people as we could trace. We requested the assistance of our AFSM colleagues in the different Regions of WHO. They have done an excellent job, enabling us to locate almost a third and we thank them very much. Of course, retirees who are members of the AFSM and sister associations have been easier to find.

However, that still leaves two thirds not traced, and some of these "missing forms" may belong to elderly retirees, perhaps now residents of retirement homes, who have not announced their change of address. Others may be retirees who are often away from home on long trips and some might be due to forgetfulness or misunderstanding.

By the time you read this you should have received the Certificate of Entitlement for 2019. Do not be misled by the name of this form, the word “certificate” might persuade you to put the form in a safe place. **DON’T DO THAT:** Sign the form and return it to the Pension Fund, in order to continue to receive your pension.

Later, you can check that your form has been received by the Pension Fund by logging into your Member Self Service portal at https://www.unjspf.org/

*The Executive Committee*
Eric Drummond and his Legacies
The League of Nations and the Beginnings of Global Governance

By David Macfadyen, Michael Davies, Marilyn Carr and John Burley

This is a monumental work of research centred on the life of Eric Drummond and the League of Nations (the League) particularly its genesis and early years. Its approximately 400 archives, original and secondary sources and 1000 endnotes attest to the seriousness of the four authors, all of them former UN, WHO, or FAO officials and the first being our friend and colleague David Macfadyen.

The book is arranged in three parts: the life of Eric Drummond (1876-1951), the creation of an international civil service and the legacies of the League.

Drummond was a Scottish aristocrat who later in life became the hereditary Earl of Perth. A fly-fishing enthusiast, he had a progressive career in the British Foreign Service and, at the end of WW1, he was Private Secretary to the British Foreign Secretary, Arthur Balfour. Drummond appeared to have carried considerable influence on the British government and, as early as 1916, suggested the idea of an international “League of Peace”. His reputation grew and when the League of Nations was created it was Clemenceau who suggested to Balfour to appoint “this quiet Scotsman you always have with you” as its Secretary General (SG), although the US would have preferred a prominent Statesman with the power to take initiatives.

The authors stress that Drummond’s personality shaped the Secretariat: “self-effaced”, “sound practicality”, “he never impressed his vision on his staff by method of direct appeal… He preferred to let his staff learn their duties, including the highest, by practice rather than by precept…”.

He created the first ever International Civil Service (ICS). A large part of the book is devoted to describing and analysing the creation, composition and evolution of the League’s Secretariat. There were no precedents for forging an International Secretariat and two options were possible: either to have the Secretariat composed of national delegations, paid for and instructed by their respective governments or officials paid from a common treasury and released from bonds of loyalty to their governments. Drummond was able to convince the Organisation Committee to choose the latter option, a far-reaching decision. He then went on to recruit his staff but not before spending two weeks trout fishing in England. In the early days of the League, he was assisted by his like-minded Deputy SG, the young Jean Monnet, future founding father of the European Community. As expected, they faced considerable resistance from the big powers of that time and in the late 1920s governments’ pressure on staff selection became obvious. Still, it was to Drummond’s credit that the ideal of an ICS survived and continues today.

After a few years of presence in Geneva, the staff attached to the League, the International Labour Office and various post-war humanitarian NGOs developed the spirit of Geneva. They felt that being in Geneva freed them from pressure from their national environments.

The reader will find in the book the names of most of the senior staff with an abundance of details on some as well as a detailed description of the...
League’s structure and evolution between 1919 and 1946.

On leaving the League in 1933, Drummond was appointed UK Ambassador to Mussolini’s Italy, a posting where the conciliatory qualities that made him such an admirable SG of the League for 14 years, proved a disadvantage when confronting the fascist government and particularly Count Ciano.

The authors contend that while the League was rather impotent politically, its influence in economic and social fields was potent. One effective example of technical cooperation was the Health Section, headed by Ludwik Rajchman. Readers may remember a previous article by David Macfadyen published in our Quarterly News (No 98) of January 2015 summarizing his doctoral thesis on The Genealogy of WHO and UNICEF and the Intersecting Careers of Melville Mackenzie (1889-1972) and Ludwik Rajchman (1881-1965). The Health Office was the only section to keep some staff in Geneva during the WW2 years and managed to publish the Weekly Epidemiological Record without interruption.

The last part of the book starts with a detailed account of what happened to its programmes and its staff following the outbreak of the war. The following chapters analyse the legacies of the League in terms of the structure of the ICS, its humanitarian, political, social, economic and technical legacies.

I feel that one of the great attractions of this work is the very complete account of the birth and growth of the ICS during the League years, something which must surely be of interest to ourselves, as former international civil servants.

Drummond died in 1951 and the headstone of this modest man simply describes him as “A Great International Civil Servant”.

Jean-Paul Menu

CRUISE 2019

Cruise on Lake IJsselmeer, Holland
15 to 20 April 2019

This year the AFSM organized a 6-day cruise to the north of the Netherlands, to Lake IJsselmeer, which is the largest lake in the country. Our group of 14 flew to Amsterdam on 15 April and we joined our ship the MS France, in Haarlem, where the crew welcomed us on board.

16 April After an excellent buffet breakfast, we left for a morning excursion to Amsterdam. The traffic was dense and we finally arrived at our first stop, the diamond factory, after about an hour and a half. There was a guided tour to explain how the diamonds are cut and then we were able to admire, or buy, this beautiful jewellery. From there we toured this attractive town, with its many waterways, impressive buildings and museums stopping for a visit to the famous flower market. Although the seat of Netherlands government is in The Hague, Amsterdam is the nominal capital. It is also the country’s largest city, with a population of more than 800,000, and is the most visited, with over 3.5 million foreign visitors a year.

Amsterdam, and a just a few of its more than 800,000 bicycles. Photo: Anne Yamada
There are so many excellent cycle lanes in Amsterdam, in fact everywhere in the Netherlands, but it has to be remembered that cyclists have priority!

After lunch we spent several hours sailing to the town of Lemmer, situated on the banks of lake IJsselmeer, and is a popular resort for water sports and summer holidays.

There was a welcome cocktail in the evening with an introduction to all members of the crew.

17 April  Our morning excursion took us through the attractive countryside of Friesland and our guide told us about the region. Lake IJsselmeer was created in 1932. It had been an inlet of the North Sea, known as the Zuiderzee, and Dutch engineers constructed a dike separating it from the North Sea to make a freshwater lake. From then on more dikes were made and pumps were used to drain water from the area enabling reeds to grow on the old sea bed, and gradually the soil dried out. From this procedure, large expanses of usable land, known as polders, were formed. In total, reclaimed polders at IJsselmeer increased land area in The Netherlands by roughly 1,620 square kilometres (626 square miles).

The area around the lake is dotted with beautiful old Dutch villages, towns, and fishing villages, and our destination was Giethoorn. This is a very quaint village, mainly car free, where many picturesque old thatched farms and houses have been built on small peat islands, connected by over 170 small wooden bridges. We were able to admire them during a trip on a canal barge. There is also a farm museum which illustrates the region’s history.

At lunchtime the boat navigated to the next stop on our itinerary, namely Enkhuizen. The afternoon was free to visit the town on foot. This attractive town was one of the wealthiest in the country in the 17th century, and has some interesting historical buildings.

18 April  After the night in Enkhuizen we set sail for Hoorn where we arrived at breakfast time. Hoorn has a 17th century town centre and an attractive harbour area with a 16th century tower.

Our morning excursion was to Alkmaar, which is known as the city of cheese! Once a week there is a traditional cheese market in this town. Here we had a guided tour through the old town with its beautiful historic buildings and churches and a visit to the cheese museum, where you could see the various equipment used for the fabrication of cheese through the centuries. Cheese is a very important Dutch export product. On our return to the ship we stopped to take photos of the “three sisters”, a group of three windmills.

During our various excursions, we enjoyed seeing the countryside adorned by many fields of different coloured tulips. The entire tulip process is highly mechanized from start to finish, and once cut the flowers are exported all over the world within 24 hours. Late in the summer when the bulbs have dried out, they are stored ready to be planted for the next season.

The boat returned to the main port of Amsterdam during the afternoon. In the evening we had our Gala dinner and the chef really excelled himself. The evening continued with dancing in the salon.

19 April  The morning excursion on our last full day was to the Keukenhof Gardens. The weather was glorious so we saw flowers of every conceivable colour in all their splendour. It’s such an amazing place in a wonderful setting, with many trees, water features and a windmill which dates back to 1892. Apparently approximately 7 million flower bulbs are planted annually in the park, which covers an area of 32 hectares.

The Keukenhof Gardens.
Photo: Anne Yamada
We had free time in the afternoon to explore Amsterdam. Then in the evening, after dinner, we went into town for a tour on a “bateau mouche” along the four main canals of Amsterdam to discover the city and its monuments, bridges and building illuminated a really fascinating experience.

**20 April**  We returned to Geneva from Amsterdam after having had a very successful holiday. The organization, service and food were excellent throughout the trip.

We look forward to meeting up again on another trip in 2020!

*Bunty Muller*

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**ASTRONOMY**

**The sky for July – September 2019**

This is the time of year when the Milky Way dominates the sky. This might come as news to most of us who live our lives submerged within a glowing bubble of light pollution from city lights. But get well away from the lights and this hazy band of light becomes so obvious that you might wonder how you ever missed seeing it before.

The Milky Way is the appearance of our own galaxy seen from the inside. It is a spiral galaxy, which has a flat disc-like shape, and we are well away from the centre. Photos of other spiral galaxies show that they have a bright nucleus, yet there is little sign of this in our sky. It is a case of not being able to see the wood for the trees. Inside a large forest you see trees all around, yet it is impossible to tell where the centre lies.

In the case of our galaxy, it is not so much the stars that are the problem but the dust and gas that lie between them, and from which new stars eventually form. You can see signs of this when viewing the Milky Way under good conditions – there is an obvious dark band of cloudy material running from Cygnus in the north to Sagittarius in the south. The actual centre of the galaxy lies just to the north of Sagittarius, but it is hidden behind these dust clouds.

Find out more about astronomy at the Society for Popular Astronomy’s website, [www.popastro.com](http://www.popastro.com) and click on Get Started, where we have a step-by-step guide to get you stargazing!

*Article kindly provided by the British Society for Popular Astronomy*

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**NEW MEMBERS**

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

**New Life Members**
- Jean-Pierre Brusselaars
- Yamina Chakkar-Isgueni
- Brooke Ronald Johnson Jr
- Matthieu Kamwa
- Susana Icaza Sanchez
- Zakari Wambai

**Conversion to Life member**
- Pam Mari
- Nubia Maria Muñoz Calero
News from around the world

AFSM-PAHO/AMRO: Have recently held elections to their Board, and the latest issue of their Newsletter leads with an Editorial by the incoming President, Gloria Coe, who began working with PAHO in 1973 as a short-term consultant, joining the Organization as a staff member in 1983, and retiring in December 2002. The new Board of Directors met to review and reaffirm AFSM’s core vision and mission and to define their priorities.

Out-going Vice President Carol Collado, who continues as Coordinator of the Health Insurance and Pension Committee, prepared a detailed Staff Health Insurance and Pension Update for this issue, naturally concentrating on issues of concern to retirees in the Americas.

An article by Martha Peláez and Gloria Coe on Proteins: Building Blocks of Life presents lots of solid facts and exposes some of the myths surrounding proteins. Concluding, research suggests that consuming more protein daily in each meal results in better function, better outcomes, and healthier ageing. Well worth reading.

The Quarterly News article by Lindsay Martinez on Health and well-being in ageing populations: the role of WHO, (QNT 114) is reprinted in this issue.

There follows a short report from the Brazilian Chapter and the popular “Where are they now” series. To close Martha Peláez writes that starting this year she, together with PAHO AFSM will be developing electronic TED-Type Talks on topics of interest in the Area of Ageing and Quality of Life. TED (an acronym for technology, entertainment, and design) is devoted to spreading ideas, usually in the form of short, powerful talks (18 minutes or less).

The Newsletters can be accessed online in English at https://www.afsmpaho.com/newsletters and Spanish at https://www.afsmpaho.com/newsletters-spanish

Keith Wynn

WHO Retirees’ Representative in Scandinavia: In-retirement seminar. The United Nations Joint Staff Pension Fund, represented by the Chief of UNJSPF, Geneva, Mr Alan Blythe and Mr Aliamane Bacar Said, Chief of Finance, Client Services and Records Management, Geneva, in collaboration with the WHO Regional Office for Europe (EURSA), AAFI-AFICS and AFSM in Scandinavia, represented by Jill Conway-Fell, invited former UN staff to an in-retirement seminar. The Seminar took place at UN City in Copenhagen on 16 May 2019.

Topics covered included: change in banking instructions; change in personal address, including in Member Self Service (MSS); Certificate of Entitlement process (what is new); benefits certificates; annual benefit statements; pension adjustment system and cost-of-living notifications; online access (our IPAS Member Self-Service and its new features for retirees); and survivors’ benefits process (procedures to be followed, such as the advisability of preparing and envelope with documents in advance, so that only the death certificate needs to be added. Added features were: a SKYPE telephone No., the merits of the two-track system that provides stability and maintains purchasing power; and a new transfer agreement with the African Development Bank (ADB). The new A/CEO is Janice Dunn Lee.

Staff from 54 countries are employed in New York and Geneva: 34 in Geneva; 238 in New York; 60% female; and 50% support staff. 15 currencies are available for pension payments.

Attestation statements and enrolling in Member Self-Service (MSS), and forms required for change of address, bank account were explained, survivors’ benefits (at present a mobile phone study) and the Pension Adjustment System (PAS).
New features include: online local track estimate; online smart forms; and in process is a new technical and automatic Certificate of Entitlement signature.

The Seminar was a first-class briefing conducted in a friendly and humorous manner appreciated by participants.

\textit{Jill Conway-Fell}

**AFSM-SEAR:** The latest edition of \textit{Aesculapian} (Vol. XXI, No.1) with an attractive new layout, celebrates 20 years of publication. This issue records that Dr Poonam Khetrapal Singh has been appointed as the WHO Regional Director for South-East Asia for a second five-year term from 1 February 2019. She is the first woman to hold this post.

Coverage continues with reports on World Health Day, Seventy Years of WHO (noting that South-East Asia was the first of its six regions, established in 1948). Followed by reports on the Fourth Global Digital Health Partnership Summit, International Women’s Day, and WHO SEA Region Celebrates Five Years of Polio-free Certification.

The composition of the newly elected Executive Committee of AFSM-SEARO for 2019–2020, which assumed office under the chairmanship of Mr Ashok Mitra on 31 January 2019, is:

- Mr J. Tuli and Mr N.A. Doraiswami (Vice Presidents),
- Mr R.K. Malhotra (Secretary),
- Mr R.L. Bhalla (Joint Secretary), and
- Mr A.K. Bansal (Treasurer).

Special thanks were offered to Mr J. Tuli and to Mr R.L. Rai – who will continue to work on the editorial board of \textit{Aesculapian}.

The work of updating the Directory of Members of AFSM-SEARO is proceeding in earnest, and the new e-mail address of the Association is now activated, \texttt{afsm_searo@yahoo.com}.

The continued support of the Administration is gratefully acknowledged.

\textit{Ashok Mitra}

**AFSM-Manila:** The Executive Committee have been keeping their retirees informed of Pension Fund news affecting their pensions. They reported that the US CPI increased by 1.9% (below the threshold of 2%) since the date of the last adjustment therefore, no COLA will be applied to the retirees on the US dollar track.

However, better news for those WPRO pensioners on the Dual Track. The Pension Fund website shows that the Philippines has a CPI Adjustment of 5.1% effective from the 1 April 2019 payments and also that the other countries in the region receiving a CPI Adjustment are, China 3.8%, Fiji 4.9%, Macao 3.0%, and New Caledonia 5.5%.

Retirees are reminded that the Annual Statement of Benefits (Tax Statement) is now available on the Member Self-Service (MSS) and what to do if their 2018 Certificate of Entitlement has not yet been received.

\textit{Romy Murillo}
AFSM-Africa: **AFRO Retired but not tired.** LeDeG¹ midwifery college: a dream come true. Ethiopian, I lived elsewhere for 42 years but I nurtured a dream. I wanted to return and help the women of my country. Why? I was born in a hospital in Addis Ababa, complications at birth could have proved fatal for my mother and me, but with a successful caesarian section we both survived; because we were in the city; and because my parents could afford health care. Today, many women and infants still die during labour due to preventable complications. A primary reason for these deaths is the lack of skilled midwives in rural health settings. I wanted to help save these women and infants from dying and this is the reason I dreamt of establishing a midwife college with my retirement funds.

First, I had to convince my siblings to use the family land for the building of a midwife college. Then, I launched into this adventure, with passion but no prior knowledge about construction or the challenges ahead. It took three months to work through the bureaucracy. Two years later the building was completed. I equipped the college with furniture, computers and teaching equipment. I recruited staff, developed the policy documentation with the help of volunteers, and obtained accreditation from the government. The school was officially inaugurated on 25 May 2018. The first intake of 40 students started in October 2018.

The vision for LeDeG midwifery college is for it to become a centre of excellence in midwifery education in Ethiopia.

Its objectives are, to contribute to the reduction of maternal and infant mortality by training competent, ethical and compassionate midwives. And to establish a social enterprise to sponsor young women from vulnerable rural areas to become midwives and return to serve their communities.

The college aims for its students to graduate within 4 years with a Bachelor of Science degree. In addition, the college will upgrade diploma midwives to degree level in two and a half years.

The college is governed by a Board, of which I am a member, and by an executive committee headed by the Dean for day-to-day management.

The school has the capacity for an intake of 100 students annually, but for its first year has registered a more manageable 40, ten of whom come from the most vulnerable regions and are fully sponsored.

The school facilities include a library holding collections of both printed and E-books, a large demonstration area with simulators, an extensive IT facility with 25 computers, two fully equipped lecture rooms, class rooms, student lounge and dining area, accommodation, and offices.

Recently the college was selected by the Ministry of Health as a center of certification for the country. Additionally, we were honoured to receive a visit from the President of Ethiopia.

The major challenge is financial sustainability. Fundraising in the first year of operation has been a challenge while we build up credibility. As one of the “AFRO Retired but not tired” I have accepted that responsibility and as you can imagine it is a full-time job.

This experience has shown me once again that nothing is impossible! Dream big and work hard with passion to realize it. Making a difference in the lives of people gives me a smile everyday.

*Teguest Guerma*

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¹ LeDeG means a kind person in Amharic, in memory of my mother, who was very kind. The letters are also the initials of my maternal grandfather, my mother and my father. For more information visit [www.ledegmidwiferycollege.org](http://www.ledegmidwiferycollege.org)
Recent deaths\(^1\) of former WHO staff members as reported to AFSM

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<td>06.02.2019</td>
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<td>Yerbanga Boniface</td>
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</table>

\(^1\) The present notification of deaths was gratefully received from UNJSPF and covers Q1 2019. 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.

Death of Dr Richard Valery Mouzoko Kiboung

Dr Mouzoko Kiboung, 42, an epidemiologist from Cameroon who had been working for WHO for the past 5 years died from a gunshot wound sustained during an assailants’ attack on 19 April 2019 at Butembo University Hospital, Democratic Republic of the Congo (DRC)

At the time Dr Mouzoko was chairing a meeting with front-line health workers battling the Ebola virus disease in the North Kivu Province of the Democratic Republic of the Congo.

The passing of Dr Mouzoko Kiboung, is an enormous loss for WHO and the people of the DRC he was serving when his life was so brutally and senselessly taken away.

“It is also an enormous loss for Cameroon, and most of all for his family, who have lost a husband, a father, a son and a brother,” WHO Director-General Dr Tedros Adhanom Ghebreyesus told hundreds of mourners.

Our Association offers its deepest condolences to his family.
Farouk Partow, born 17 July 1927, died 31 October 2018 in Switzerland

Dr. Farouk Partow has passed away, he was 91 years old. Dr. Partow had a very satisfying career. He did his medical studies partly at the Medical School in Baghdad, and partly at the Medical School in Lausanne, graduating in 1952. On his return to Iraq he was appointed as a medical officer at the Ministry of Health dealing with the campaign against TB. In 1958, Dr. Partow went to the United Kingdom and specialized in public health and paediatrics.

He returned to Iraq in 1958, after the Iraqi Revolution in July 1958. He was appointed as Director of International Health. His first contact with WHO was in 1959, when he attended the WHA as a member of the Iraqi delegation. Then in 1969 he joined EMRO, in Alexandria, where he held several posts and was assigned as WR to Yemen in the 1970s.

Throughout the 70s and early 80s he was involved with the eradication of small pox among others and eventually became EMRO DPM. In 1983, Dr. Mahler, the then WHO DG, appointed him as an Assistant Director-General, after having been DPM of EMRO, and he became the Chairman of the HQ Programme Committee until his retirement in 1988. He was the first ADG from the EMRO Region.

Dr. Partow was active in the national movements in Iraq, as a student and a doctor, and was one of the founders of the International Peace Movement in Iraq in the 1950s. He was a very warm person, highly cultured, progressive and democratic in his approach, and very dedicated to the service of WHO. He had excellent relations with his colleagues, at all levels, respected them and was highly respected by them. He remained in Geneva after retirement and joined a small group of friends and colleagues, who lunched together regularly once a week, a pleasant gathering, where political issues, public health matters and social questions were discussed democratically. Dr. Partow will be sadly missed by his family, friends and colleagues.

Sami Shubber

Rosemary Newby, born 19 September 1926, died 20 March 2019 in Switzerland

Rosemary Newby and I joined the staff of WHO on 1st January 1950 as shorthand-typists in the small English Pool attached to the mainly French-speaking Translation Section. We were housed in temporary buildings (nicknamed “The Barracks”) about 200 metres from the Palais des Nations.

We sat opposite each other at adjoining tables, separated only by our typewriters. From the outset an amiable colleague, Rosemary became a close friend. She told me about her role in World War 2: that of military-lorry driver. However, she was discreet with regard to her origins and family. She made brief mention of a man she had hoped to marry, but never told me why they went their separate ways.

Rosemary had a quirky sense of humour: if a child stared at her, she would suddenly pull a grotesquely funny face and the child would start to wail and snivel. She appreciated a subtle joke and her laughter was catching. When we drove to the Côte d’Azur with our mutual friend, Stella Deck, I did the driving and Stella and Rosemary the entertaining with silly word games, e.g., “The rudest word you know”. Rosemary came up with “armpit”!

When Rosemary retired from WHO – her last post was that of secretary to Dr Jerne – she moved to a spacious flat overlooking the Lac Léman in Rolle. We met occasionally and continued to be firm friends.

When she could no longer look after herself she moved to a private retirement home in Morges, where she died in her 93rd year.

I shall always grieve for her, while remembering with pleasure and nostalgia the happy times we spent together.

Grace L. Servais, née Spencer
Ann Wilberforce-Cerat, born Hull, UK, 9 June 1954, died, 10 May 2019, in Versoix, Switzerland

It is with immense sadness we inform you that Ann has died unexpectedly. Ann had some health issues last year, which she faced with her usual discretion and courage. She had been progressing well, but she had a heart attack and died suddenly on 10 May.

Ann started her secretarial career at the age of 17 in Hull, where she was born. Due to her qualifications, diplomas and “no-nonsense” attitude she was rapidly promoted through the administrative ranks of the Humberside Police Force and obtained, at a young age, the responsible and much sought-after position of Personal Secretary to the Chief Constable of the Humberside Police. She left Hull to work in London and in 1983, after passing the UN secretarial recruitment examination, she moved to Geneva to work at the United Nations Offices. In 1985, Ann started her career with the World Health Organization, Geneva and remained there until her retirement in 2017.

Ann embraced life in Geneva and felt enormously privileged and proud to be part of the UN family. She enjoyed skiing, followed rugby with a passion and was an active member of a number of social associations. She was the proud and loving mother of Nicholas, and gave parental support to the activities of the Boy Scouts of America, frequently joining their outdoor weekend events. She also volunteered her time to serve food to people without homes and to those in need.

Ann was a vibrant, generous and caring person, and was at her happiest when able to help her friends and colleagues. She was committed to the activities of WHO and was appreciated for her hard work and efficiency. Ann had unlimited energy which she devoted to every WHO position she held over the years. She worked with many teams across the Organization and with partner organizations. She was highly respected and due to her vast experience and knowledge Ann was frequently called upon for urgent hands-on help.

Ann will remain in the hearts of her family and her many friends.

Pam Mari

READERS’ LETTERS

The life of Arnold Wilson, Sanitary Engineer, World Health Organization

Arnold Wilson’s bond with WHO started in the early 1960’s, when some African nations were achieving independence and the United Nations was recruiting non-European experts. The humanitarian crisis in Belgian Congo led the 20-year-old United Nations to launch a massive search for talent. The Organization was recruiting non-European professionals from all over the world to help build the Congo’s infrastructure and to supplement the African leadership.

Haiti produced more educators, engineers, nurses and medical doctors than its own administration required. They constituted the largest non-European contingent of UN experts working in the Congo. Arnold Wilson was one of them. Dr Candau from Brazil was WHO second Director-General. Arnold was recruited by Dr Otto Siebert (WHO) in Port-au-Prince. His first duty station was Léopoldville, Belgian Congo where his family joined him.

Arnold’s roots predestined him to the United Nations international family. In the 19th century, Raxter Wilson left his native Glasgow in Scotland for Haiti where he married a Haitian woman, Iraline Ulysse.
The family passion for dialogue between peoples, generations, and civilizations was formed. One of Raxter and Iraline’s sons became a judge and married Haitian teacher Fernande Pierre, whose life-long commitment to education was crowned in 1955 when she was awarded the title “Chevalier de l’Ordre National de l’Education”. A precious role model for Arnold and his brothers who became philosophers, authors, educators and lawyers in USA and Canada. Arnold graduated both in Law and in engineering, and specialized in Public Health and Sanitation at Johns Hopkins University.

In the Congo, Arnold participated in the first humanitarian mission deployed by WHO in Africa. During this historical WHO mission, he met the second United Nations Secretary General, Dag Hammarskjöld, who died in the suspicious crash of his DC-6 airplane, while flying to cease-fire negotiations during the Congo crisis. The Haitian contingent saw him get onto the plane for his last flight. Arnold’s children never forgot the sorrow and feeling of devastation of the WHO/AFRO family when hearing about Hammarskjöld’s tragic death. Throughout his life, Arnold Wilson honoured the Hammarskjöld vision of a better world and shared it with his children. During the Congo crisis, the United Nations Blue Helmets, only recently created by Hammarskjöld, rescued Arnold’s family, along with other UN and WHO families.

Arnold dedicated his professional life to WHO, working as a Public Health Engineer in different African countries such as Dahomey (Benin), Togo and Mali and travelled around the whole African continent. His principal assignment was at the African Regional Office (AFRO) in Brazzaville, under the mandate of Dr Alfred Comlan Quenum, the first African to become Regional Director for Africa. Arnold’s dedication and passion for the Organization led him to live many years far from his family. He finished his career in 1987 as Coordinator of the Second Sub Region for Africa.

Arnold had a phenomenal culture, spoke fluent French, English and Spanish. He had an enormous capacity for work, spent hours studying public health, but also geopolitics, history, music, religion, and he passionately followed the international news. Arnold retired to France where he enjoyed sharing his knowledge and telling stories in his most captivating way.

His International Civil Service legacy lives on through his youngest daughter Elisabeth, who chose to serve WHO, currently at the WHO country Office in Rwanda. She named Arnold’s only grandson “Dag”, in memory of Secretary General Dag Hammarskjöld who saved the lives of this historical contingent created upon his demand.

It is with great sadness that we announce the passing of Arnold Wilson, World Health Organization Sanitary Engineer, on 12 May 2019 at the age of 92 in Ornex, France, very close to the border with neighbouring International Geneva.

Elisabeth Wilson
The annual “UN Olympic Games” (UNIAG) took us this year to the westernmost shores of Europe where the strong Atlantic breezes were a far cry from last year’s tranquil Tuscan valleys.

Lisbon is a fascinating city, with its bustling port and vista overlooking the mighty Tagus river and its replica of the Golden Gate bridge. It is impossible not to cast back to the days when Bartolomeo Dias, Vasco da Gama and Ferdinand Magellan were opening up the trade routes to India and the Spice Islands, reminders of which are scattered around the town and impressively displayed in the Maritime Museum.

This year’s Games were organized by UNESCO, which got off to a slow start. It was only in February that we learned that Lisbon was our destination and by then hotel rooms were already in short supply. The basketball, swimming, cricket and chess contingents were therefore housed at the seaside resort of Caparica del Mar, 20 kms southwest of Lisbon and a major surfing beach.

This was a fortunate choice for the Chess tournament, as we were able to hold the competition in our hotel, whereas the other sports were commuting daily to their different stadiums in the city. We further benefited from the superb cooperation of the Lisbon Chess Association. The slim participation of only 4 teams was compensated for by an intense double round of encounters, with IAEA only just squeezing ahead of a UN-Geneva team composed of ITU, ITC and UNOG. As the sole WHO participant, I had collected other orphans from ICC-The Hague, WFP-Johannesburg and UNODC-Vienna into a team (I will not mention the result). The star reminder of today’s acronym jungle in the UN system nevertheless came from the team composed of UNAMID-MINUSMA-UNMISS-UNAMI-MONUSCO.

The Games once again brought together some 1,300 participants and supporters from around the world to engage in a multitude of sports ranging from athletics, badminton and basketball to football, golf, pétanque and swimming, frequently with separate men’s and women’s categories: https://www.interagencygames.org/newsite/. A newcomer this year was women’s football, with WHO/IARC boldly fielding a team from Lyon in this inaugural sport.

The overall WHO group (including IARC, UNICC and UNITAID) comprised 43 participants and 14 supporters from a diverse group of duty stations including Geneva, Lyon, Copenhagen, Brazzaville, Angola, Kazakhstan, Kenya, Mozambique, Nigeria and Zimbabwe. Apart from football, these participated in mixed agency teams and contributions to 1st place finishes in badminton and table tennis, a 2nd place in men’s swimming, and 3rd place finishes in golf and tennis. Two golfers from Geneva and Nairobi joined me as participating retirees.

Grandiose opening and closing ceremonies held respectively at the botanical gardens and in a stately 16th century converted convent enabled us to reunite with friends and colleagues from other disciplines and capped some very successful and enjoyable Games.

Derrick Deane
OUR READERS’ VIEWS ON THE MAGAZINE

Quarterly News: Questionnaire and reader survey

The planned introduction in January 2019 of separate English and French language editions of the magazine required us, by means of a questionnaire, to ascertain our readers’ choice of language.

At the same time, because it had been a number of years since a previous survey of our readers’ views on the different categories of articles we publish it was decided to conduct a new survey of the preferences of our present readership.

The Questionnaire and Survey were sent out with the October edition of Quarterly News (QNT 113), mailed to all of our members; e-mail reminders were sent in January.

The response rate from our readers exceeded our expectations. Most publishers would be delighted to receive a 10% response rate. The survey of your preferences of Quarterly News articles achieved a response rate of 35% which means that we can use the results cautiously as a basis for future editorial policy.

The results of the survey are shown in the chart opposite, however it is worth highlighting the following points.

First of all, you confirmed our seven “bestsellers”: Pensions, Health Insurance, WHO News and Programmes, Our Health, News of our Association and, sadly, In Memoriam. You gave them all high marks, over 80%. We are delighted to read of your approval as those topics are in line with the objectives of our Association which aim to address your main concerns in matters of pensions and health insurance, as well as to strengthen the links among retirees and between retirees and WHO.

News about Regional Associations are a special case. Our AFSM policy is to encourage all WHO retirees to feel part of one family wherever they reside. Reporting on the activities and achievements of our members in all WHO Regions in the Quarterly News is an important means towards this end. As might be expected, those living far from Geneva were more appreciative than the Geneva residents!

Other topics were more contentious, but you were a clear majority to demand humour, photographs, and a reader’s column.

We did request that you provide your suggestions and many were received, so we thank those of you who sent us your ideas, we shall give full consideration to all of them and act on any that the Editorial Board consider to be in the interest of our readers.

Almost 70% of those who returned the questionnaire declared using internet and email. However only half of those have ever consulted our website (https://www.who.int/formerstaff/en/). Those who consulted it reported that most of the time they found the answers to their questions.

Surprisingly, less than 20% of you have declared sharing your copy of the Quarterly News with others.

As promised, we have put the names of all respondents who fully completed both sides of the Questionnaire and Survey into a prize draw. The very nice pens purchased from the WHO Bookshop will be speeding on their way to the twenty winners shortly. The members drawn live in,

Chambéry, Switzerland
Collex-Bossy, Switzerland
Cologny, Switzerland
Commugny, Switzerland
Farges, France
Ferney-Voltaire, France
Fox island, USA
Geneva, Switzerland
Gex, France
Kerala, India
Klagenfurt, Austria
Lomé, Togo
Lyon, France
Northland, New Zealand
Ornex, France
Ramsey, Isle of Man
Sceaux, France
Trélex, Switzerland
Woking, United Kingdom

The Editorial Board
### Results of the *Quarterly News* questionnaire and survey

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<td>News and updates on pensions</td>
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Cruise on Lake IJsselmeer, Holland.

Photo 1, The 2019 cruise was on board the MS France. Photo 2, Amsterdam, one of the many waterways. Photo 3, Two of the “Three sisters’ windmills” near Alkmaar. Photo 4, The picturesque canal in Giethoorn. Photo 5, A bronze statue outside the cheese factory in Alkmaar.

Photos: Ray M. L. Cheng