Supporting former staff and helping them to stay in touch and informed

Catherine d’Arcangues, Chairperson, and Dr Tedros, Director-General, are amused by a comment from the floor at the AFSM General Assembly

Photo: Christopher William Black/WHO

AFSM wishes a very happy and healthy New Year 2020 to all of our readers
We don’t know about you, but for us it does not seem so long ago that we were celebrating the start of the new millennium. However, at the same time, we were also worrying about whether the world’s computers were going to shut down essential services as they ticked over from 1999 to 2000. Thankfully that didn’t happen, and suddenly, here we are starting the third decade of the third millennium. Where has all that time gone?

Well, for your committee 2019 was a busy year, and 2020 promises to be the same, trying our very best to be of help to our community of members and, in addition, working closely with the DG to implement his ideas for closer involvement of retirees. We welcome the opportunity to continue to support WHO and hope that you will respond to the calls to provide your services, and attend events such as seminars, either in person or via Webex, WHO’s web-based seminar software.

Our biological age may, at least officially, make us older persons but a positive attitude will keep us young at heart. May you have an excellent year ahead.

Everyone on the AFSM Executive Committee and the Editorial Board wishes you a happy New Year and good health.
Towards healthy nutrition for all: the role of WHO

The crucial importance of nutrition in the health, development and well-being of people of all ages in all countries ensured its place among the highest priorities when WHO was created, and so it remains today. Healthy nutrition, providing the necessary ingredients in appropriate quantities, is universally desirable, but difficult to achieve or sustain in many settings and situations. Obstacles exist and arise for many reasons, including economic, geographic, social, industrial, climatic and environmental factors, and where complex emergencies, conflicts and humanitarian crises occur. This article outlines the main issues involved and the role of WHO in international efforts to promote good nutrition and eliminate all forms of malnutrition.

Background

Nutrition is a cornerstone of good health throughout the life-course, but undernutrition and other forms of malnutrition are present in all countries. There is a strong link between poverty and malnutrition, and pockets of poverty exist in even the wealthiest countries. Malnutrition, as now defined, includes all forms of nutritional deficiency, from undernutrition and protein-calorie insufficiency to the specific deficiencies of individual vitamin and mineral micronutrients; it also includes the excessive intake of high-calorie foods rich in fats and sugar that leads to obesity. Vulnerability to malnutrition is greatest during pregnancy, fetal and infant development, and in elderly people. Malnutrition has been estimated to cost the global economy USD 3.5 trillion per year, due mainly to the numerous health disorders that result from it.

The health consequences of malnutrition begin long before birth for infants born to malnourished mothers. If the mother is undernourished, the baby is likely to be underweight at birth and have an increased risk of death in the first 28 days postpartum; surviving infants are more likely to be stunted and have lower IQ than those with normal birth weight. Low birth weight also influences health later in life, predisposing to obesity and premature onset of the chronic diseases associated with it (including cardiovascular disease, osteoarthritis, type 2 diabetes, and several cancers). Deficiencies of essential micronutrients during pregnancy can also have very damaging life-long consequences for the child's health and development, for example: folic acid deficiency puts the fetus at risk of neural tube defects such as spina bifida; maternal iron-deficiency anaemia retards fetal growth and development, risking anaemia, impairment of brain development and cognitive function; prolonged iodine deficiency, which reduces thyroid function in adults, impairs fetal growth and brain development and can cause severe mental disability; vitamin A deficiency weakens the immune system, thereby increasing susceptibility to life-threatening infections in infants, and is the leading cause of blindness in children. These examples of the impact of malnutrition during pregnancy illustrate why WHO has always stressed the vital importance of mother and child nutrition.

Elderly people are also particularly at risk of malnutrition and susceptible to its harmful consequences. For a variety of reasons, many older people do not have a well-balanced healthy diet. Good nutrition is one of the essential factors in maintaining physical and mental health as people grow old, reducing the risk of several noncommunicable diseases, preventing or even reversing frailty, and delaying dependence on care.

The role of WHO

When WHO was established in 1948, nutrition was a major international concern, at a time when famine and starvation were prevalent in many countries. FAO and WHO were jointly designated lead UN agencies for nutrition, mandated to promote and coordinate global efforts to prevent food shortages...
and malnutrition. The first report by the Joint FAO/WHO Expert Committee on Nutrition in 1949 led to the first WHA resolution on nutrition (WHA3.40) which was adopted in 1950. The resolution focused on the need for further studies on the prevention and treatment of malnutrition so that effective preventive measures could be recommended for regions with severe food shortages, including on the storage, conservation and distribution of food stocks, treatment of undernutrition and starvation, and organization of famine relief activities.

As more detailed information became available on the different forms of malnutrition, their consequences for health and development and their public health impacts around the world, successive WHA resolutions have addressed a broad range of specific nutrition-related topics. And in 1963, the Codex Alimentarius Commission was established by FAO and WHO, with responsibility for developing international food standards, guidelines and codes of practice to protect health and promote fair practices in the food trade, based on scientific advice provided by FAO and WHO. The strategies for improving nutrition and preventing malnutrition include: strengthening food security (regular access to sufficient nutritious food) where shortages and undernutrition are prevalent; supplementing specific micronutrients for vulnerable groups, such as iron and folic acid for pregnant women; and correcting regional micronutrient deficiencies, for example by adding iodine to salt where there is a risk of iodine deficiency, and by fortifying staple foods with selected vitamins and minerals, particularly wheat and maize flours and rice, in regions where the staple diet is deficient.

The importance of good nutrition for the health and well-being of older people was elaborated in the WHO Global Strategy and Action Plan on Ageing and Health (2016–20), in guidelines on Integrated care for older people (2017), and most recently in the report Essential Nutrition Actions: mainstreaming nutrition through the life-course (2019) which stresses the need to integrate nutrition in primary health care for all at all ages, and presents a compilation of actions to address all forms of malnutrition.

While nutrition is an ongoing preoccupation for WHO, it becomes an urgent priority when major emergencies occur. When food and health services are suddenly interrupted or no longer accessible, infants and children, pregnant and breast-feeding women are most vulnerable to acute malnutrition, and if separated from the mother, infants and young children are at greatest risk of death due to starvation. Malnutrition during and after emergencies increases susceptibility to infections and exacerbates diet-related noncommunicable diseases. Restoring adequate nutrition and food security is therefore a key component of emergency response efforts.

Over the years, new nutrition-related challenges have emerged, calling for research and response by WHO, such as: the nutritional care of people living with HIV/AIDS; the rapidly increasing prevalence of obesity worldwide and its health impact; managing nutrition during major infectious disease epidemics; malnutrition as a risk factor for cognitive decline and dementia; and concerns about the nutritional value and health risks resulting from too-frequent consumption of heavily processed foods. Thus nutrition is both a constant and an evolving priority for WHO.

**Major milestones**

**International Code of Marketing of Breast-milk Substitutes:** The Code was adopted by the WHA in 1981 (WHA34.22), a decision which has influenced the nutrition of neonates and infants worldwide ever since. The Code sets out minimum requirements for nutrition, based on promotion of breastfeeding and
proper use of breast-milk substitutes when these are necessary, while excluding any commercial promotion of the substitutes. It highlights the hazards for infants when breast-milk substitutes are used incorrectly, particularly in settings where their correct preparation and sterility cannot be assured. Since 1981 there have been no less than 20 WHA resolutions on marketing and distribution of breast-milk substitutes and other issues concerning application of the Code. Nevertheless, despite greater awareness of the benefits of breastfeeding, sales of the substitutes continue to grow, with marketing practices undermining efforts to encourage breastfeeding in many countries. By 2014 only 39 of 194 countries had systems in place to regulate and monitor full compliance with the Code. However, as recorded in the 2018 Status Report, 136 countries had enacted legislation covering at least some of the provisions of the Code, though many do not yet have mechanisms to monitor and enforce compliance.

**Rome Declaration on Nutrition:** There have been two International Conferences on Nutrition, organized jointly by FAO and WHO in 1992 and 2014, and World Food Summits were held in 1996 and 2002. These high-level events reflected the ongoing need for sustained worldwide government commitments to tackling food insecurity and malnutrition. The second International Conference produced the *Rome Declaration on Nutrition* (2014) which gave a comprehensive overview of the causes, prevalence and consequences of the different forms of malnutrition. It was estimated that, despite a modest reduction, still some 805 million people in the world were undernourished, over 2 billion had micronutrient deficiencies, and over 1.9 billion adults were overweight or obese; and that among children less than 5 years of age, 161 million were stunted, 51 million suffered from acute malnutrition, and 42 million were overweight or obese. The actions needed at all levels and by all relevant sectors were specified for the prevention of malnutrition and diet-related noncommunicable diseases, and to ensure food security and food safety, including development of national legislative frameworks to support implementation. The Rome Declaration was endorsed by the governing bodies of FAO and WHO and by the UN General Assembly, and led to the UN declaration of a Decade of Action on Nutrition for the years 2016–25.

**Decade of Action on Nutrition:** The Decade commits UN Member States to policies, programmes and increased investment to eliminate all forms of malnutrition worldwide by 2025. A set of specific targets for nutrition and diet-related noncommunicable diseases was developed by WHO. The UN General Assembly requested biennial reports on progress, and following the first report in 2018, prepared by FAO and WHO, a UN resolution (72/306) called for intensified efforts by both organizations to lead and monitor implementation, since the world was not on track to eradicate hunger and malnutrition by 2025, nor at the current pace would Sustainable Development Goal 2 (*Zero Hunger*) be met in many parts of the world by 2030. It was noted that: the number of undernourished people in the world, having declined in preceding years, had been rising again, particularly in most African subregions and in western Asia; despite a reduction, still over 150 million children suffered from stunted growth; undernutrition, wasting, overweight and obesity were recurrent problems for children in several countries; almost a third of women of child-bearing age were anaemic; and the prevalence of obesity and diet-related noncommunicable diseases was rapidly increasing. Since then, the inter-agency* report *The State of Food Security and Nutrition in the World, 2019*, examined in detail the economic factors that cause or exacerbate food insecurity, measures to mitigate the impact of economic downturns, and the role of food insecurity as a determinant of many forms of malnutrition and as a predictor of obesity. World Food

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*FAO, IFAD, UNICEF, WFP, WHO*
Day on 16 October aimed to raise awareness of the different forms of malnutrition and the need to ensure food security and nutritious diets for all.

As the Decade enters its fifth year, with much still to be accomplished, can the objectives be realized by 2025? Dr Francesco Branca, Director of the Department of Nutrition for Health and Development (NHD), kindly agreed to discuss this and other questions about the work of the Department.

Dr Branca’s comments

Malnutrition is the main cause of death and disease in the world. By encouraging countries to take urgent action to meet specific targets, the Decade is having a positive influence. There are signs that good results are now being achieved and that more will come. Not all countries will meet the objectives by 2025 but greater awareness of what is needed and how to bring about necessary changes will influence policies and practices for the future. A range of changes is needed, including in industrial food and beverage production, agriculture, local culture in some regions, and availability of affordable healthy foods.

WHO has a leadership role in deciding which policies will result in healthy diets as part of primary health care, based on evidence from global surveillance data, and in developing engagements with civil society and industry, in addition to the UN. Engagement with civil society is essential to raise awareness and create demand for better nutrition and food security. Engagement with industry, in appropriate arrangements, is essential to encourage beneficial changes in manufactured foods and beverages. As an example of what can be done, recently an important agreement was reached with the world’s 12 largest food-producing companies to remove all trans-fats from their products by 2023. Currently, we are testing this approach to seek similar agreements on salt reduction and limits on free sugar content.

Regarding obesity, there has been little or no progress as yet in most countries. In Chile the government has taken unusually bold action by imposing strict food labelling, clearly highlighting unhealthy content on black labels, and prohibiting marketing and sale in schools of these products. Such strong government action in more countries, along with changes in food and beverage manufacture, would have an important and increasing impact on diet-related health.

Development of the comprehensive definition of malnutrition, covering all its forms, was led by WHO. Our partner institute in Seattle (IHME)\(^1\) has recently calculated, from WHO data on all the risk factors, that 11 million deaths occur and 255 million DALYs\(^2\) are lost each year due to malnutrition, and that a third of all deaths are due to the way we eat. The Nutrition Summit in Japan in 2020 is expected to strengthen commitment and urge urgent action to meet the 2025 targets. The Food System Summit in 2021 will focus on how to meet the needs of people, better understanding of the need for change, and creating partnerships for change in food production and availability. Civil society will have a major role in expressing demand, and we hope this may develop into a global movement as we have seen for climate change. Demonstrable changes have happened, and more will surely follow.

Conclusion

This brief overview cannot touch on all of the past and present work of WHO in this crucial and complex field, but enough to illustrate the major role that the Organization has always had in international efforts to ensure healthy nutrition and food security for all, and in leading a global effort to recognize and combat all forms of malnutrition and their health consequences. Comprehensive information is provided on all aspects of nutrition and the full range of WHO’s activities on the Nutrition webpage, which readers are encouraged to explore.

Our very appreciative thanks to Dr Branca for his participation and valuable contribution to this article on a subject of high priority for WHO and which concerns us all.

Lindsay Martinez

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\(^1\) Institute for Health Metrics and Evaluation

\(^2\) Disability-Adjusted Life Year
PENSION FUND UPDATE

Pension Matters and Sustainable Investing

In today’s world of increasing environmental and social awareness with a growing interest in minimizing climate change effects, renewable energies, sustainable development, and alleviating social injustice, I wondered how fares our Pension Fund with regard to social and environmental issues in its selection of investments. Is our Fund sensitive to the growing opinion of the need to preserve the environment? Does it give consideration to companies with a green emphasis? How green is its investment portfolio? Does it take into consideration social issues? Grant it, a viable pension fund – for reasons of ensuring future benefit payments – is obliged to focus on investing for healthy returns with a minimum of risk, which for our Fund is its long-term investment objective of 3.5% annual real rate of return in US dollars. So, is green and socially conscious investing compatible with a healthy investment return? Moreover, what exactly is “sustainable investing”? With such questions in mind, I turned to the UNJSPF’s new Report on Sustainable Investing 2018 in search of some answers.

I discovered that there is now a dedicated Sustainable Investing Team, a recent addition to the Office of Investment Management (OIM), which had generated the above-noted report. This report stresses the Fund’s responsibility to society as part of an international organization committed to social progress, as well as the need to comply with the ethical standards of the United Nations and to uphold the tenets of the UN charter. Through its investment choices and proxy voting as a shareholder in public companies, it supports UN values of ‘sustainable business practices, fair labour practices, non-discrimination, and the protection of human rights’. In addition, OIM is a signatory to the Principles for Responsible Investment (PRI), a set of six principles that provide a global standard for responsible investing as it relates to environmental, social and corporate governance criteria. It is associated with the UN Global Compact (UNGC), the principles of which take into account the responsibility of business in the areas of human rights, labour, environment and anti-corruption, and the UN Environment Programme (UNEP) Finance Initiative. Both programmes have an underlying emphasis on humanity’s well-being. So officially, the Fund has positioned itself as a purveyor of social and environmental consciousness.

The report goes on to clarify that “sustainable investing is not about philanthropy or sacrificing returns”. It is about maintaining investment values while constantly taking into consideration various global criteria, including “technological advancements, demographics and migration, geopolitics, environmental conditions and climate change, natural resource supply, and globalization” that impact the Fund’s long-term financial health. The tool that now guides the Fund’s consideration of such global criteria is the Environmental, Social and Governance (ESG) factors. A cornerstone of its sustainable investing approach, ESG factors have been integrated since 2016 into investment selection and asset management by the Fund’s investment teams, i.e., Equities (divided among North American, European, Asia Pacific, as well as Global Emerging Markets), Fixed Income and Treasury, Real Estate, Real Assets, and Alternative Investment. Further, the Report informs that the investment world at large increasingly takes into consideration ESG factors, as evidenced by the recent growth of ESG-related data providers and rating agencies which guide investor choices, and the rise of ESG-related items on corporate proxy voting agendas and corporate disclosure on ESG

issues. With the growing awareness of ESG by the global investment community, the Fund’s investment management firmly believes that successfully integrating these factors into the investment portfolios has the potential to provide returns superior to those of conventional portfolios, particularly with the changes that would affect markets in the transition to a lower carbon economy.

So, how does the Fund’s sustainable investment policy translate into actual investment choices? To begin with, before environmental and social awareness had gained popularity among the public, the Fund has had long-standing policies of not investing in weapons or tobacco companies. From its inception in 1948, the Fund had in place restrictions on investing in weapons. This covers any company that derives revenue from the “production of military weapons, weapons systems, or weapons of mass destruction including nuclear, chemical or biological”. It also avoids companies that earn more than 10 percent of their revenue from the production of customized components for weapons. Since the 1960’s, the Fund does not invest in companies that derive revenue from tobacco production or that are involved with the manufacturing and distribution of tobacco and tobacco-related products.

Today with the public’s growing interest in protecting and saving the environment, there are now “green investments”, particularly “green bonds”. The first such bond was floated by the World Bank in 2008 and our Fund bought in at that time, becoming a “green investor”. Since 2008, the Fund’s green bond portfolio has grown from USD 50 million to around USD 300 million today. Transport being a large contributor to carbon dioxide emissions, the Fund mainly invests in green bonds with a focus on transport projects, thus financing future reductions in carbon emissions. At the 2019 FAFICS Council, the Representative of the Secretary General (RSG) said that, currently, investment funds focused on environmental issues in Europe do well. The RSG also shared with the Council that the Fund continues to invest in fossil fuels, paradoxically in the author’s opinion, because these are very much part of the global economy. In other words, these investment returns are still good. So why pass them up?

With the growing global market in renewable energies, the Fund now has investments in that area. It recently invested in a renewable energy fund focused on solar and wind energy production and intends to increase its investments in renewable energies, particularly in the emerging markets.

In conclusion, the Pension Fund management, since the Fund’s inception, has made investment decisions in a socially and environmentally conscious manner aligned with the zeitgeist and when feasibly possible. It promotes, through its various alliances and investment choices, the protection of human rights, non-discrimination, sustainable business and fair labour practices, and the improvement of the environment. But more importantly, it has shown that socially and environmentally conscious investing can make a healthy investment return.

*Barbara Fontaine*

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**SHI-ONLINE: TRAINING SESSIONS**

**Using SHI-Online**

SHI-Online was introduced in 2016. In the previous issue we reported on useful new features recently added and their value to insured former staff. However, these features will only be of use to those retirees who actually use SHI-Online.

To date, 70% of insured former staff have now informed SHI of their email address, which represents a tremendous increase. Unfortunately, only 23% of them use SHI-Online to submit their claims.

We realize that some of you are unable to register with SHI-Online or are not able to use the system due to technical difficulties. In order to remedy this situation SHI has recently started organizing training sessions at WHO Headquarters, alternately in English and French, on how to access and use SHI-Online.
For the first three courses (held in April, May and June 2019), SHI worked in collaboration with AFSM to notify members. Each session enabled 10–15 participants to familiarize themselves with SHI-online. The feedback from participants has been very positive. In general, they found learning easy, useful and very well organized. While many of them did not experience any major difficulties in submitting their claim, others did have some problems, a few couldn’t manage and gave up. The most common problems were difficulties in getting connected and pages ill-adapted to viewing on smartphones.

On the basis of these early experiences SHI made direct contact with all retirees for whom they hold an email address. SHI proposed three new sessions, in October, November and December 2019.

Elsewhere in this issue of Quarterly News you will find within the report of our General Assembly that these SHI sessions will continue in 2020. In the same report you will also find further initiatives involving distance-learning and the role of the Regions.

Remember that if you have difficulty using SHI-Online, you can always send an email to shi-online@who.int requesting help.

Jean-Paul Menu and Michèle Evans

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**SHI**

**Election by former staff of their representatives to the Governance Committees of the WHO Staff Health Insurance**

In the July issue of Quarterly News we informed our readers of the imminent nature of this election, underlining the importance of your vote.

The counting of the votes took place on 28 August with the following results:

**Global Standing Committee:**
*Full Members:* Jean-Paul Menu and Marjory Dam
*Alternate members:* Françoise Hery-Persin and Carol Collado

**Global Oversight Committee:**
*Full member:* Ann Van Hulle-Colbert
*Alternate Member:* Thierry Lambrechts

We congratulate those elected and are pleased to note that they are all members of either our Association (AFSM), or the Association of Former Staff Members of PAHO/AMRO.

**Executive Committee**

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**NEWS FROM WHO**

**Highlights of news from WHO**

- Focusing on mental health, on World Suicide Prevention Day on 10 September WHO released the latest data on suicide around the world. It shows that close to 800 000 people die by suicide every year which means one person every 40 seconds. All ages and sexes are affected in every region of the world. WHO launched a “40 seconds of action” campaign to raise awareness of the scale of suicide around the world. World Mental Health Day on 10 October focused on suicide prevention.

- PAHO has been working closely with the health authorities in the Bahamas to support their response to Hurricane Dorian and launched an initial USD 3.5 million donor appeal to cover short-term healthcare, water and sanitation, epidemiological surveillance and vector-control needs.

- On 10 September, Apple® announced three ground-breaking health studies, including one to examine factors that impact hearing. The data of the Apple Hearing Health Study will be shared
with WHO and will contribute towards WHO’s **Make Listening Safe** initiative by improving understanding of users’ listening behaviours.

- **The first World Patient Safety Day** was held on 17 September. The DG emphasized that “no one should be harmed while receiving health care. And yet globally, at least 5 patients die every minute because of unsafe care”. Dr Tedros called for “a patient safety culture that promotes partnership with patients, encourages reporting and learning from errors, and creates a blame-free environment where health workers are empowered and trained to reduce errors”.

- On 23 September, the UN General Assembly held its first high-level meeting on universal health coverage (UHC) under the theme of **“Universal Health Coverage: Moving Together to Build a Healthier World”**. By adopting the United Nations Political Declaration on universal health coverage, UN Member States have committed to advance towards UHC and will report back on their progress to the UN General Assembly in 2023.

- On 4 October, WHO announced that the 1000\(^{th}\) survivor of the current **Ebola outbreak** in the Democratic Republic of the Congo had been released from care. However, for each survivor there have been two lives lost.

- Also on 4 October, **WHO and FIFA, football’s governing body**, teamed up to agree on a four-year collaboration to promote healthy lifestyles through football globally.

- **WHO launched its first World Report on Vision**, the day before **World Sight Day** on 10 October. The report shows that ageing populations, changing lifestyles and limited access to eye care, particularly in low- and middle-income countries, are among the main drivers of the rising numbers of people living with vision impairment. Globally, at least 2.2 billion people have a vision impairment or blindness, of whom at least 1 billion have an impairment which could have been prevented or has yet to be addressed.

- **WHO’s Global Tuberculosis Report**, released on 17 October, highlighted that in 2018: 1.5 million people died from TB, including 251 000 people with HIV, and a record 7 million people received life-saving treatment, but around 3 million people with TB are still not getting the care they need.

- **World Polio Day** was celebrated on 24 October and staff at HQ were invited to take part in a number of activities: an event to celebrate the eradication of wild poliovirus type 3 – only the third time that a human pathogen has been globally eradicated, after smallpox and wild poliovirus type 2; to take a look at an iron lung; to choose the “frugal lunch” option, the proceeds of which went to **Rotary International’s PolioPlus Programme**; and to take part in a virtual reality experience.

- On 11 November, WHO convened a meeting on **health taxes** to discuss how WHO and other agencies can engage with the health financing community in this area, and to discuss establishing an interagency work stream to be hosted by WHO on the excise taxation of unhealthy products. The meeting was followed by the 4\(^{th}\) symposium on health financing for universal health coverage, which looked at fiscal space, public financial management and health financing.

- An initiative of the **HQ Intern Board** has been to change casual Fridays into **cultural Fridays**, encouraging staff to wear national dress and bring food from their home country to share with their department.

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

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

**Nyon:** Coffee get-together from 10.00 to 12 noon at the tearoom *Le Cham’*, 2 route de St Cergue, behind Nyon station, facing the post office; on **Mondays**: 6 January, 6 April, 6 July and 5 October; **Wednesdays**: 5 February, 6 May, 5 August and 4 November; and **Fridays**: 6 March, 5 June, 4 September and 4 December.

**Ferney-Voltaire:** Lunches on the last Monday of the month at *Restaurant Voltaire*, 10 Grand’Rue at 12 noon. The restaurant is inside the café, opposite the bar, on the left.

**Geneva:**
- **Cité Seniors** - First Wednesday of the month, “International Carrefour” coffee afternoons from 14.00 to 16.00 at Cité Seniors, 62 rue de Lausanne/28 rue Amat. Cité Seniors offers many activities — their programme can be found at [www.seniors-geneve.ch](http://www.seniors-geneve.ch) or give them a free call on 0800 18 19 20, or on 022 418 53 61. The Cité is open from Tuesday to Friday from 09.00 to 17.00 and on Sundays from 11.00 to 17.00.
- On the first Tuesday of the month, from 13.30 to 17.00, they have a health information session — a qualified nurse is available to give health advice, respond to questions, take blood pressure and check blood sugar levels.
- Tickets for shows at reduced prices are available for seniors, either by joining one of the clubs for seniors (see the list on the Cité Seniors’ website) or by going personally to Cité Seniors from Tuesday to Friday between 09:15 and 12 noon: you may wish to telephone first to ensure that there are still tickets available for your chosen show — the programme is available at Cité Seniors. Please also note that some theatres and cinemas offer reductions for seniors, except on weekends.
- **CAD – Hospice général** – offers many activities for seniors - their programme can be found at [www.hospicegeneral.ch/fr/](http://www.hospicegeneral.ch/fr/) or give them a call on 022 420 42 80 from Monday to Friday – 08.30 – 12.00 and 14.00 – 17.00.
- **Fondation pour la Formation des Aînées et des Aînés de Genève (FAAG)** - organizes lectures on Thursdays — their programme can be found on their website [www.faag-ge.ch](http://www.faag-ge.ch) or by telephone 022 919 40 61.
- **Institut National Genevois** – also organizes conferences and concerts in Geneva, details of which can be found on their website — [www.inge.ch](http://www.inge.ch), or by telephone 022 310 41 88.

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

**New Life Members**
- Roger Salla Ntounga
- Mario Raviglione

**Conversion to Life members**
- Iqbal Shah
- John Wickett

**New Annual Member**
- Frances Yoshida

**47th Games to be held in Copenhagen, 3–7 June**

The next UN Inter-Agency Games will take place in Copenhagen, Denmark, from 3 to 7 June 2020. The Games are open to all active and retired UN system staff and cover some 15 disciplines including e.g. golf, swimming, tennis, chess and pétanque. More details on page 43 of the web edition of this *Quarterly News*. 
**2019 GENERAL ASSEMBLY**

**Report of the General Assembly on 22 October 2019**

**Opening**

The Assembly was opened by Jean-Paul Menu, AFSM President, who welcomed AFSM members – especially those from outside the Geneva area – Margaretha Helling-Borda from Sweden and Thierry Lambrechts from southern France, and welcomed invited guests, including from sister associations - Odette Foudral, Association of Former International Civil Servants (AFICS-Geneva), François Kientzler, Anciens ILO, Peter Williams, GATT/WTO Retirees Association and Samuel Mbele-Mbong, WMO Amicale - the AFSM Auditors¹ and the AFSM Polling Officers². A minute of silence was held in memory of former staff who had passed away over the past year and of Dr Richard Mouzoko Kiboung, a staff member murdered in the Congo whilst fighting against Ebola.

**Election of Chairperson and Polling Officers**

On the proposal of Derrick Deane, seconded by Lindsay Martinez, Catherine d’Arcangues was unanimously elected as Chairperson.

In accordance with the AFSM Statutes, four Polling Officers were re-elected for 2019–2020 – Janet Clevenstine, Sandra Edgar, Helena Mbele-Mbong and Andréé Prodham. No additional names were proposed. The Assembly thanked them for their continuing help.

**Proposal to allow AFSM membership for former staff of WHO-related entities**

Following the adoption of the agenda, the Assembly moved on to discuss this proposal which had been sent out to all members in July 2019 in Quarterly News (116). Jean-Paul summarized the background. The AFSM had received some requests to join the AFSM from former staff of three entities closely linked to WHO – UNAIDS, UNITAID and the International Computing Centre (ICC) which do not have an association of former staff. These entities are subject to the same staff rules and contribute to the common WHO Staff Health Insurance. UNITAID and ICC staff are represented by the WHO-HQ Staff Association and the UNAIDS Staff Association sits in the Global Staff Management Council together with all other WHO Staff Associations.

No AFSM members had expressed disagreement with the proposal distributed in July and the Assembly therefore agreed by consensus to the following amendment of the AFSM Statutes: «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”».

**President’s report³**

Jean-Paul Menu welcomed Dr Tedros Adhanom Ghebreyesus, Director-General, Ms Shenaaz El-Halabi, Director of the DG’s Office and Dr Isabelle Nuttall, Senior Adviser on Special Human Resources Initiatives. Dr Tedros preferred to hear discussions on the President’s report before addressing the Assembly.

Jean-Paul introduced key elements of the report and discussion ensued on the following matters:

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¹Only Richard Saynor was able to attend.
²Janet Clevenstine, Sandra Edgar and Helena Mbele-Mbong were able to attend.
³A copy has been distributed to all members and is available on the AFSM website.
Collaboration with WHO

Two initiatives have already been put into place: firstly, about 80 retirees had expressed willingness to collaborate with WHO and their names will be put into the WHO Stellis database as soon as the appropriate module is ready, and secondly, others had offered to be mentors and about 10 retirees had been accepted in the mentoring programme, not only those resident in Geneva but also around the world.

- The participants very much welcomed the opportunity to collaborate with WHO and a suggestion was made to inform retirees of the main areas of WHO’s work and to identify where their services could be useful.
- Another area where retirees can help is to review technical reports, e.g. concerning ageing issues: the DG could encourage programme managers to ask for the advice and assistance of retired staff.
- One group which could benefit from the experience of retirees is the interns. Many are used for clerical work and leave without learning much about WHO. As the interns then go out and speak about the Organization, they could be offered a series of briefings by retirees, with some mentoring support.

Dates of the annual reception

- In odd years, it is preferable to hold the biennial General Assembly and the reception on the same day, to help those members who travel from afar.
- In 2020, when there will not be a General Assembly, as no members present made comments, it was proposed to hold the reception in December: any subsequent disagreements by members can be sent to the Executive Committee.

Support to the Executive Committee

- Following Jean-Paul’s encouragement to AFSM members to help the Executive Committee, Edmond Mobio offered his services, notably in the area of pensions in view of his past experience as a participants’ representative at the Pension Board.
- The Chairperson hoped that others would be inspired to support the Committee.

Retirement briefing

- This should be updated regularly and could include information on programmes where retirees could help.

Address by the Director-General

Dr Tedros welcomed the participants to their home, and quoted from the AFSM President’s report “Let’s make arrangements to work together, help each other and remain one family” for the betterment of WHO. He started by referring to the WHO band which had animated the signing of the memorandum of understanding between WHO and football’s world governing body FIFA in early October. Retirees who play a musical instrument may wish to join the band and the group could be asked to play at the next AFSM reception. The DG will put the AFSM in touch with the band. He also referred to the WHO Art Gallery which will show the work of staff and former staff in the HQ Library from October to December 2019, the official opening of which would be the following day, 23 October. Later that same week, an announcement would be made about a film competition, inviting contributions of films which could be used for teaching and health promotion.

Dr Tedros accepted as a recommendation that a system should be put in place to inform the AFSM on a regular basis of where there are gaps in which the help of retirees would be welcome. Regarding mental health, in response to an intervention by Norman Sartorius, a
former Director in this field, the DG referred to WHO’s work in this area, including the flagship initiative in 12 countries to address the major challenges. Suicide is an important silent killer.

Dr Tedros then informed the participants about the development of guidelines to involve former staff and use them as remunerated or non-remunerated consultants – such a policy needs to be formally instituted, to ensure its continuation in the future. The general guidelines on the use of consultants should be ready by January 2020. He stressed the importance of using the wisdom of former staff as much as possible. He emphasized the need to respect those who have served, those who are serving and those who are coming to serve, notably the interns where there is a new policy to provide them with stipends and ensure they also come from low- and middle-income countries. Talent is universal but opportunity is not. The DG meets regularly with the interns.

Regarding the matters raised above by AFSM members, Dr Tedros responded that the retirement briefing is updated annually to identify and correct any gaps. The review of technical reports by retirees with appropriate expertise could be explored. The DG encouraged further recommendations from AFSM members and he would welcome the input of retirees in the development of documents on ageing, and in other areas.

Dr Tedros was pleased that retiree representatives had attended two WHO high-level meetings in Nairobi and in Stockholm and had been present in WHO governing body meetings.

The DG also meets monthly with the Staff Association Committee and he welcomed the close collaboration between the Staff Committee and the AFSM Executive Committee. Requests from both Committees could be handled together.

Dr Tedros then referred to the steps being taken on the WHO transformation, with its holistic approach and five major elements:

- A new strategy with clear goals and targets to drive the work of all staff
- A re-design of key technical, business and external relations processes
- A new operating model to align HQ, the Regional Offices and the Country Offices
- A culture change agenda to improve collaboration and bring out the best in staff
- A new approach to communications, resource mobilization and partnerships, including with the private sector, e.g. FIFA as mentioned above: people fear reputational risk but this should be overcome by focusing on the goal.

He then highlighted some changes in programmes. A WHO centrepiece is the need for a healthy environment with clean air, food and water. WHO should address the social determinants of health and risk factors of keeping people out of hospital – there is now a division in HQ looking at these issues, and there is also a science division under a Chief Scientist. A Chief Economist may be appointed. There is also a department on digital health to explore digital technologies and WHO should be ahead of the curve in this area which needs to be regulated. With the new technologies, WHO will be able to reach out to people in every corner of the world. In addition, there is a new focus on emergencies with a new department on preparedness to help fix problems before they arise. WHO has a broad mandate and can be the reservoir of data which will help track progress to achieve the Sustainable Development Goals. A lot of work is going on in new territories, e.g. the WHO Academy which is a smart school to bring people together virtually and allow WHO to reach every corner of the globe.

The DG welcomed the organization of a seminar to brief retirees on the transformation. This will be held at lunch time on 28 November and participants can attend in person or through Webex and see where they can contribute. Dr Tedros reiterated his thanks to retirees for their readiness to continue to work with WHO.

Finally, the DG mentioned that he looked forward to attending the AFSM reception that evening, and he will invite retirees to his or rather “our” reception next year, animated by the band he had mentioned.

The Chairperson thanked Dr Tedros for presenting the new ideas and for his willingness to collaborate with retirees which is a change from past

4In his speech at the reception, Dr Tedros proposed to hold a one-day seminar in 2020 of interns, staff and retirees, to be followed by a reception, at which the WHO Blue Mountain Band would play.
Administrations. The Chairperson also thanked Shenaaz El-Halabi and Isabelle Nuttall for their attendance.

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

**Questions on WHO Staff Health Insurance (SHI)**

The Assembly welcomed Laure König and Julie Perez from the Staff Health Insurance team.

Laure and Julie presented slides on significant developments/enhancements achieved over the past year:

**Regarding SHI-Online, current retirees are not obliged to use SHI-Online, but for new retirees separating from WHO from 1 January 2020 the use of SHI-Online will be mandatory.** The website has been improved and more information is now available:

- There is a conventions tab which shows a world map of health care providers which provide preferential tariffs and participants are not required to pre-pay for any treatment
- The deletion of claims is now possible provided they are still in status “claim received”
- There is easier use of the site on mobile devices, e.g. tablets and smartphones
- Attestations can be generated and printed
- There is a form for former staff to request a change of bank account/address
- Medical reports can be sent confidentially to the SHI Medical Adviser via the claims form.

**Questions, comments and responses:**

- There is currently a legal obligation to keep the originals of bills, prescriptions etc. for 5 years but this will change to 3 years from 1 January 2020: those using SHI-Online have to keep the originals themselves: this is for audit and fraud control purposes.
- Regarding incentives to use SHI Online, such claims are usually dealt with before the paper claims, and the rules and latest information can be found on the site, including the amount of participants’ available credit for dental and optical care.
- Regarding confidentiality, SHI-Online is very secure and each participant has an ADS account, accessed through a password, linked to their private email address. There have been some difficulties in creating the ADS accounts for some former staff and in such cases the SHI Technical Team should be contacted for assistance at shi-online@who.int.
- SHI is running training courses monthly on SHI-Online and retirees can sign up. It is not only younger retirees who attend the courses, one man of over 90 years of age had taken part. The courses alternate between training in English and in French and they are full until the end of 2019. SHI is considering developing a video of instructions and holding training sessions through Webex for participants around the world. Each Regional Office is responsible for the retirees in its respective Region and is running similar training courses.
- If retirees have problems in accessing the system, they can send an email to SHI and those living locally could come to the SHI Help Desk (the times of which are shown below).

There have been changes in the following **SHI Rules from 1 January 2019:**

- C.26 – claims for reimbursement and direct payment may be suspended if there is suspicion of fraud or attempted fraud.

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1Available on the AFSM website, https://www.who.int/formerstaff/events/SHIAOMS22Oct2019EN.pdf?ua=1
• C.28 – reimbursement of cash payments (from participants to health care providers) is limited to USD 500 – if above this limit, a request for an exception has to be made and will be reviewed on a case by case basis.

With regard to the SHI Rules from 1 January 2020:
• Claims for treatment provided by an immediate family member (father, mother, brother, sister, son, daughter or spouse) will not be reimbursed – new Rule C.29.

Questions, comments and responses:
• Regarding proof of payment, e.g. in France, a photocopy of a cheque is insufficient and a copy of the bank statement is required to show the debit. When paying by debit card, a copy of the receipt is required. A copy of the bill marked paid, provided it is stamped and signed by the health care provider, is also acceptable, depending on the country and provided it is below USD 500.

Some suggestions were presented to SHI participants:
• Cost containment: ask for a cost estimate in advance, inform SHI of any planned intervention (this will facilitate direct payment by SHI and permits them to check the bill before payment and perhaps negotiate a better price), and check your medical invoices before payment and submission to SHI (patients have the right to question their bills). Do not hesitate to ask for a second opinion and request advice from the SHI Medical Adviser.
• Paper claims: do not forget to sign the envelope, and do not wait for 12 months to submit your claim. A claim can be submitted if it is over USD 50 and SHI encourages submission of individual bills.
• Submission of claims: to facilitate faster reimbursement, documents should be organized as much as possible, e.g. group bills for medicines with the relevant prescription, put proof of payment with the correct invoice.
• Confidentiality: all documents sent to SHI, including emails, are treated as confidential. If an email from a participant has been copied to a third party, SHI’s response will not be copied to that person.

Questions, comments and responses:
• Hospitals often forget to submit all the bills at the same time, e.g. the anaesthetist’s bill comes much later.
• Regarding cost containment, for example most doctors do not prescribe generic medicines and perhaps SHI could encourage this to reduce costs. Also costs of medicines are cheaper in France.
  o Discussions are currently ongoing in SHI on such issues and recommendations will be made to the SHI Governance Committees.
• If SHI finds that a cost estimate is excessive, will the patient be recommended to change their doctor and/or hospital?
  o In such cases, SHI recommends a second opinion and some patients have been grateful. However, SHI gives advice and does not oblige the patient to change the provider.
  o SHI is getting good results with its negotiations with health care providers, and is reducing abuse.

SHI contact information is shown below:
• SHI-Online: http://shi-online.who.int
  o For technical issues only email: shi-online@who.int
• Email addresses:
  o General enquiries/reimbursements: shihq@who.int
  o Direct payment/hospitalization/letters of guarantee: shidirectpayment@who.int
  o SHI medical reports: shimedicaladviser@who.int
• Telephone: +41 (0)22 791 18 18
• Help desk – office 2140:
  o Mornings (09.00-11.00) Tuesday, Thursday and Friday
  o Afternoons (13.00-15.00) Monday, Tuesday and Thursday

The names of the retiree representatives elected for 4 years to the SHI Governance Committees from 1 September 2019 are: on the Global Standing Committee – Marjory Dam and Jean-Paul Menu are the members, and Carol Collado and Françoise Héry-Persin are the alternate members;
and on the **Global Oversight Committee** – Ann Van Hulle-Colbert is the member and Thierry Lambrechts is the alternate member.

Catherine, Assembly Chairperson, thanked Laure and Julie for their clear presentations and answers to the questions and, on behalf of all SHI participants present, expressed her gratitude to all the SHI staff for their excellent help and advice.

**Questions on pensions**

The Assembly welcomed Alan Blythe, Chief of the Geneva Pension Fund Office, Gilles Fado, Legal Officer of the Fund in Geneva, and Claude Hennetier Rossier, Coordinator, Compensation and Pension Services, WHO.

Alan referred to the main questions in the minds of those about to retire, whatever their grade: how much pension will I receive? is the Fund solid? and when will I get paid?

Regarding the solidity of the Fund, as of June 2019 its assets amounted to over USD 67 billion. There is a small actuarial deficit over the long term but the actuarial position is sound. Both the New York and Geneva Offices of the Fund are back on track in dealing with initial benefit calculations. Papers are generally processed within 15 days but it takes longer to set up the necessary bank arrangements and it can be 2–3 months before a new retiree receives his/her first pension payment. Those about to retire can use the estimator on the website to find out the amount of their pension. Changes in the amount paid to current retirees depend on the rate of inflation.

One of the recommendations of the Pension Board is to transfer two posts from the Geneva Office to New York, namely the posts of the Chief of the Office and of the Chief of Client Services, from 2020 but the exact timing is unknown and the recommendation has to be approved by the UN General Assembly, likely at the end of 2019. The other staff will remain in the Geneva Office.

**Questions, comments and responses:**

- The AFSM is called upon by its members to help in getting answers from the Fund: often an individual retiree has problems in securing a response but it has worked well when the AFSM intervenes and contacts the Fund in Geneva. The AFSM and AFICS are very concerned about the continuing quality of client servicing in Geneva if the proposed post transfers are made.

Recently, changes have been put into place and we are not supposed to send emails to individual Fund staff and are advised to go through the Member Self Service section. There is now also a call centre in Valencia, Spain.

  - There are over 200,000 participants and beneficiaries in the Fund and not all answers can be given at the same speed. Answers to a lot of questions can be found on the website. Messages channelled to the enquiry email address are referred to the appropriate specialist. This automated system has been in place for 18–24 months and it also tracks the volume and type of questions. With experience, more explanations will be added to the Frequently Asked Questions. If the Valencia centre cannot respond to the question, it will be referred to New York or Geneva.

- The Geneva Office has been extremely helpful, in contrast to the complaints received from retirees in the USA who have contacted the office in New York, including for simple matters like a change of address. Problems have been solved through the Geneva Office.
The Geneva Office staff respond to calls: if there is no reply, a message can be left and someone will call back within 48 hours. The staff in both the Geneva and the New York Offices try hard to provide good services and respond to queries as soon as possible.

One AFSM member commented that it does not make sense to make a recommendation at this time to transfer two key posts from the Geneva Office to New York, when the new CEO of the Fund will join within 2–3 months’ time. The decision should at least be postponed until the new CEO has taken office on 1 January 2020. However, it seems that everything appears to be ready to make the post transfers as soon as they are approved by the UN General Assembly.

Claude Hennetier Rossier responded to this comment. She referred to the decision of the UN General Assembly in 2018 to split the existing post of CEO of the Pension Fund into two independent positions, i.e. (1) the Pension Benefit Administrator and (2) the Secretary of the Board, effective 1 January 2020. The Acting CEO has been under pressure to propose a cost neutral structure. There have been a lot of discussions and a variety of opinions. WHO works closely with the Geneva Office and values its services, and considers that someone needs to manage the Office which should maintain its three key services – handling of benefits, client services and legal services, but this position was not shared by all in the Pension Board. During the Board, WHO asked that the Specialized Agencies in Geneva should be involved in such important decisions. It is however a sensitive topic as Agencies should not micromanage the Fund. The recommendation will be discussed at the General Assembly. Discussions are starting within the Advisory Committee on Administrative and Budgetary Questions (ACABQ). In view of the difficulties in communication, the time difference with New York and the important work on a daily basis, WHO will continue its efforts to encourage the Pension Fund to maintain the same or a similar structural team in the Geneva Office.

The cost of living (COL) in Geneva – retirees consider this goes up but with no corresponding pension increase, the last such increase having been made in 2008.

This is determined by a mechanical process and there is only an increase in pensions when the COL index changes by 2%.

Under the Fund’s former electronic system, retirees could check on what would be their local pension level if they moved to another country.

For retirees on the double track, it has proved to be very complicated to re-create such a programme in the new IPAS system. Those who retired before IPAS implementation will need to call the Pension Fund Office to obtain such information – there are 2–3 staff in the Geneva Office who can respond.

The Pension Fund’s assets are safe and are held in trust for beneficiaries.

Participants were warned by an AFSM member not to take seriously the information on the Fund distributed through the Passblue website.

Meeting participants expressed their appreciation of the services provided by the Geneva Office over the years.

The Geneva Pension Fund Office would be pleased to organize an “in-retirement” seminar for retirees from all associations in Geneva and suggested that a joint approach be made.

There is an online Certificate of Entitlement process for retirees on the US dollar track and there are plans to develop one for those on the double track.
Catherine, Assembly Chairperson, Jean-Paul, AFSM President, and all participants thanked the UNJSPF representatives and their staff, especially those in the Geneva Office, for their help and response to questions. Thanks were also expressed to Claude and her team at WHO for all their collaboration.

**Financial report and Auditors’ report for 2017–2018**

Anne Yamada, Treasurer, introduced the financial report ([see pages 23–24](#)). Richard Saynor, one of the two AFSM Auditors, conveyed the regrets of the other Auditor Charles Hager, that he was unable to attend. Both are satisfied with the way the accounts are kept, the assets and liabilities are justified, as well as the revenues and expenses, and therefore they recommend the approval of the 2017–2018 financial statements and accounts. Following clarification of the amount assigned for future services to life members, and of the numbers of new members joining the AFSM, the Assembly approved the financial report for 2017–2018 and accepted the Auditors’ report.

**Election of Auditors for 2019–2020**

In accordance with the AFSM Statutes, the Assembly re-elected the two Auditors for 2019–2020 – Charles Hager and Richard Saynor – and thanked them for their continuing services.

**Presentation of the Decade of Healthy Ageing 2020–2030**

The Global strategy on ageing and health, adopted by the World Health Assembly in May 2016, called upon the secretariat to develop a proposal for a Decade on Healthy Ageing (2020–2030). To foster Healthy Ageing requires a multisectoral approach that works not only with the health sector but also with labour, education, pensions/social protection, urban development issues etc., which is why WHO is engaging with the broader UN family on the Decade development.

Alana Officer, Senior Health Adviser, Ageing and Life Course, presented slides on basic ageing facts, what is healthy ageing, the Global Strategy (2016–2030) and the first Action Plan (2016–2020) on Ageing and Health, the roadmap to launch the Decade, and highlighted some steps taken to develop the proposal for the Decade, including: a survey of what ageing focal points in countries think are priority actions; a review of past Decades; working with Member States to harness political opportunities and listening to different perspectives; running an online survey; and providing regular updates on progress.

Alana thanked the AFSM members who had provided input in the process of consultation. So far, in addition to across WHO, 89 Member States, 19 United Nations and International Organizations and 300 Non-State Actors have engaged in the development of the proposal.

The Decade of Healthy Ageing is proposed as a global collaboration that will bring together governments, international agencies, health professionals, academia, the media, the private sector and civil society to improve the lives of older people, their families and the communities they live in.

There are four specific action areas under the Decade that are intended to enable all older people to have an equitable opportunity to do the things they have reason to value and ensure that none are left behind:

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1Available on the AFSM website, [https://www.who.int/formerstaff/events/DecadeonAgeing.pdf?ua=1](https://www.who.int/formerstaff/events/DecadeonAgeing.pdf?ua=1)
• Change how we think, feel and act towards age and ageing
• Develop communities to foster abilities of older people
• Deliver integrated care and primary health care for older people
• Provide access to long-term care to those who need it.

These will be addressed through four enablers:
• Hearing diverse voices and enabling meaningful engagement
• Nurturing leadership and building capacity at all levels to take appropriate action that is integrated across sectors
• Connecting diverse stakeholders around the world to share and learn from the experience of others
• Strengthening data and catalysing research and innovation to accelerate implementation.

Central to every step will be close engagement with older people themselves.

The website for the Decade Platform is – http://www.who.int/ageing/decade-of-healthy-ageing and there is a direct email address – Decade_Ageing@who.int.

Questions, comments and responses:
• Regarding the basic ageing facts that 1 in 6 people worldwide will be aged 60 or over by 2030, compared to 1 in 8 today, the definition of “old” should be reviewed as people who are over 55 or 60 are much younger than in the past. If you remove the 60–65 age group, the dimensions of the issues are reduced and those remaining become more pertinent.
  o In reality, age is only a number. The UN uses the ages of 60 and 65 as cut-offs for presenting data on older people. Countries often choose age cut-offs, e.g. for access to specific services (free bus passes) or pensions. For the Decade, a life course approach is taken, with a focus on the second half of life. In the proposal data on 60 years and above are used but there is recognition of the great diversity in older age and perspectives of what is old.

• At the ILO, the association is called the Anciens BIT, not the “retiree” association. There is a need to better engage with associations of older people.
  o The team is reviewing evidence and case studies on how to better engage with older people including through their representative associations. WHO collaborates with a number of associations of older people, for example through AARP\(^1\), but more outreach is needed.

• AFSM members had welcomed the opportunity to take part in the consultation process but would have liked to have been involved at an earlier stage.
  o The group had been given the first complete draft to look at, at the same time as governments, and many consultations had taken place afterwards.

• Another important aspect which needs to be addressed concerns who takes care of older people and people with disabilities. It is hard to find carers — they need training, appropriate remuneration, reasonable working hours, respite, recognition and respect.
  o This is a really important issue. The provision of long-term care is a major challenge around the world. WHO is taking up the issue as is the ILO – both are working to raise awareness of the human resource gaps in formal carers, and the need for better policies, training and remuneration. About 80% of long-term care is provided by family members and is informal and the economic value is huge. The care is not sustainable without basic support, training, incentives and respite, and mechanisms need to be put in place to ensure sustainability.

• There are no model countries but pockets of excellence around the world. Such examples should be shared so that lessons can be learned from them.

\(^1\)A USA-based non-profit organization that empowers Americans aged 50 and older to choose how they live as they age.
Life expectancy varies greatly among countries, from about 89 years in Western countries to as low as the mid-forties in some African countries. The idea of old is therefore very context driven.

- WHO considers that anybody over the median age of life expectancy for that country is an older person. In the Decade, information is based on those in the second half of life, namely age 50 and above.

Catherine, Assembly Chairperson, thanked Alana for her very interesting presentation and wished those working on the Decade every success.

Other business – None.

Closure

The Chairperson expressed her gratitude to the presenters, the interpreters (Geneviève Clément and Christian Stenersen) and the operator (Abdi Mohamud) for their excellent services. Catherine also thanked the members for their attendance and active participation, and the representatives from sister associations. Finally, she thanked the Executive Committee members for all their hard work to help AFSM members.

Jean-Paul thanked Catherine for her excellent chairmanship of the Assembly and his colleagues on the Executive Committee who had organized the Assembly. He also thanked Marc Karam for kindly taking photos. Jean-Paul then invited everyone to attend the reception immediately following the closure of the Assembly and looked forward to seeing them there.

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

AFSM ANNUAL RECEPTION

The 2019 AFSM Reception

The annual reception was held at WHO headquarters at the close of the General Assembly on 22 October. About 50 members attended and several important invitees were able to join us, including the Director-General and his Chef de Cabinet. Dr Tedros gave us an inspiring speech and he welcomed and encouraged the increasing collaboration between active and former WHO staff. For next year, he proposed to hold the reception at the close of a one-day seminar for interns, active staff and former staff, with entertainment from the WHO Blue Mountain Band. Dr Tedros enjoyed chatting with many former staff before he had to leave. We hope you enjoy the photos shown on the cover pages.

**Assets**

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<tr>
<th>Item</th>
<th>31/12/2014</th>
<th>31/12/2016</th>
<th>31/12/2018</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current assets</strong></td>
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<td></td>
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</tr>
<tr>
<td>Current account UBS</td>
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<td>Current account Mutuelle UN</td>
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<td>Cash</td>
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<td><strong>Total assets</strong></td>
<td><strong>237,490.27</strong></td>
<td><strong>251,436.49</strong></td>
<td><strong>269,101.42</strong></td>
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**Funds Balance**

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<th>Items</th>
<th>31/12/2014</th>
<th>31/12/2016</th>
<th>31/12/2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funds available at beginning of period</td>
<td>225,777.21</td>
<td>237,490.27</td>
<td>251,436.49</td>
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<tr>
<td>Excess income over expenditure</td>
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<td>Capital funds as at the end of the period</td>
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<td>Deferred funds from life members</td>
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<td>10,132.83</td>
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<td><strong>Total funds balance</strong></td>
<td><strong>237,490.27</strong></td>
<td><strong>251,436.49</strong></td>
<td><strong>269,101.42</strong></td>
</tr>
</tbody>
</table>

Cumulated allocation for future activities: 64,122.73
at 31.12.2018

<table>
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<tr>
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</thead>
<tbody>
<tr>
<td>Membership fees</td>
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<tr>
<td>Annual members</td>
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<td>1,746.31</td>
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<td>Life members (new &amp; conversions)</td>
<td>11,054.00</td>
<td>15,491.00</td>
<td>15,000.00</td>
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<td>Total membership fees</td>
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<td>Interest</td>
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<td>Interest on current accounts</td>
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<td>Contributions</td>
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<tr>
<td>Contributions by WHO for annual receptions</td>
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<td>1,437.75</td>
<td>1,400.00</td>
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<td>Participants' contributions to annual reception</td>
<td>2,202.40</td>
<td>1,982.00</td>
<td>2,000.00</td>
</tr>
<tr>
<td>Lottery receipts during Solidarity Fair</td>
<td>1,166.00</td>
<td>650.00</td>
<td>1,000.00</td>
</tr>
<tr>
<td>Donations received from members</td>
<td>571.59</td>
<td>741.66</td>
<td></td>
</tr>
<tr>
<td>Total contributions</td>
<td>5,381.21</td>
<td>4,811.41</td>
<td>4,400.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Miscellaneous office expenditures</td>
<td>2,477.85</td>
<td>50.00</td>
<td>500.00</td>
</tr>
<tr>
<td>Bank charges</td>
<td>461.60</td>
<td>641.44</td>
<td>700.00</td>
</tr>
<tr>
<td>Annual receptions</td>
<td>4,000.00</td>
<td>7,248.00</td>
<td>8,000.00</td>
</tr>
<tr>
<td>General Assembly</td>
<td>800.00</td>
<td>800.00</td>
<td>800.00</td>
</tr>
<tr>
<td>Elections</td>
<td></td>
<td></td>
<td>600.00</td>
</tr>
<tr>
<td>Flowers</td>
<td>150.00</td>
<td></td>
<td>200.00</td>
</tr>
<tr>
<td>Loss incurred due to invalid currency remittance</td>
<td>40.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reimbursement of expenses incurred by AFSM representation outside of Geneva</td>
<td>611.00</td>
<td>631.85</td>
<td>600.00</td>
</tr>
<tr>
<td>Hospitality</td>
<td>524.35</td>
<td>861.60</td>
<td>500.00</td>
</tr>
<tr>
<td>Donation to Solidarity Fund</td>
<td>1,500.50</td>
<td>1,290.00</td>
<td>1,500.00</td>
</tr>
<tr>
<td>Platforme membership fee</td>
<td>400.00</td>
<td>450.00</td>
<td>450.00</td>
</tr>
<tr>
<td>AFSM contribution to AFICS/ILO seminar</td>
<td>250.00</td>
<td>207.75</td>
<td>250.00</td>
</tr>
<tr>
<td>Funds assigned for future services to life members</td>
<td>10,132.83</td>
<td>14,200.00</td>
<td>13,750.00</td>
</tr>
<tr>
<td>Total expenditures</td>
<td>21,348.13</td>
<td>26,380.64</td>
<td>27,850.00</td>
</tr>
<tr>
<td>Excess income over expenditures</td>
<td>3,813.39</td>
<td>3,464.93</td>
<td>1,050.00</td>
</tr>
<tr>
<td>Total</td>
<td>25,161.52</td>
<td>29,845.57</td>
<td>28,900.00</td>
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</table>
Should hormone replacement therapy (HRT) be discontinued after the menopause?

In 2002, a study in the USA – Women’s Health Initiative – focused attention on the increased risk of women developing breast cancer after a course of postmenopausal hormone replacement therapy. Shortly afterwards, a study in the UK (Million Women Study) came to similar conclusions.

Other studies have subsequently found lower risks than those indicated by the American study. French gynaecologists considered that these results were difficult to apply to treatment in France, where the majority of HRTs in use comprise low-dose oestradiol (the main form of oestrogen), generally administered by the transdermal route, and a progestin (synthetic analogue of progesterone).

However, a study at Oxford University, published in The Lancet in August 2019, reviewed the worldwide epidemiological evidence and concluded that there is an increased risk of breast cancer after different hormonal treatments. The data were drawn from 58 studies using the individual data from 108,647 postmenopausal women who developed breast cancer at an average age of 65, during 20 years of follow-up. Of these women 55,575 (51%) had followed a course of HRT. The average age at onset of the menopause was 50 years.

Continuous therapy for 5 years with oestradiol and progestin was found to increase the risk by one additional case per 50 women. This increased risk persisted up to 10 years after termination of the treatment. Local treatments with vaginal creams were not implicated.

The increased risk of breast cancer was less when progestins were given intermittently (one additional case per 70 treated women) and even lower with oestradiol alone (one case per 200 treated women), however in the latter example there was an increased risk of endometrial cancer (of the lining of the uterus).

The study reported in The Lancet concluded that a woman aged 50 who begins HRT with oestradiol and progestin and follows the treatment for 5 years has an 8.3% risk of developing breast cancer within 20 years after termination of the treatment, compared to 6.3% for a woman of the same age who had not received HRT.

Until the early 2000s HRT was prescribed widely, because it was believed that it played a major role not only in relieving the symptoms of the menopause (insomnia, hot flushes, night sweats, fatigue, mood disorder, decreased libido), but also reduced the risk of heart attack and osteoporosis. However other recent studies do not confirm these last two effects.

Conclusion

According to some researchers, the risks are overestimated in the study reported in The Lancet, especially since the protocols of the 58 studies reviewed were not identical, with the potential of introducing a bias. The findings should, however, influence the recommendations concerning regular breast cancer screening. Hormonal treatment of the menopause can relieve severe menopausal symptoms but decisions on its use should be evaluated on a case-by-case basis, and the treatment should not be continued for too long (maximum 5 years).

In addition to HRT, the important role of physical activity and relaxation exercises in relieving menopausal symptoms should be emphasized.

Dr David Cohen

The Lancet, August 29 2019 Type and timing of menopausal therapy and breast cancer risk: individual participant and meta-analysis of the worldwide epidemiological evidence.

Le Monde 30 August 2019 (Cancer du sein : les traitements hormonaux de la ménopause augmentent le risque)
Breast cancer in men

Men have mammary glands too, and they can also develop breast cancer (approximately 1% of all breast cancers).

Risk factors
As is the case for women, the risk of breast cancer in men increases with age. The risk factors include:

- Hereditary predisposition (a genetic mutation is found in some of the affected men),
- Congenital chromosomal abnormality (Klinefelter syndrome),
- Radiotherapy of the chest: for example during treatment of another cancer,
- Family history: cases of breast cancer in one or more first-degree relatives (mother, father, brother),
- Hormonal disorders: excessive secretion of oestrogen, or oestrogen treatment of prostate cancer,
- Obesity, cirrhosis of the liver,
- Excessive alcohol consumption, smoking (?).

Symptoms
- Palpable lump, often painless; or an area of hardness, often in the nipple area;
- Retraction or other change (e.g. a sore) in the nipple or areola area;
- Discharge or bleeding from the nipple;
- Swollen lymph nodes in the armpit.

Since breast cancer is rare in men, it is often not diagnosed until it is at an advanced stage. Enlargement or swelling of breast tissue (gynecomastia) in men, can be a warning sign. This benign change when linked to a hormonal imbalance can increase the risk of breast cancer.

Diagnosis
The diagnosis is made by means of mammography, ultrasound, and a biopsy. Microscopic examination of the tissue samples will reveal whether the cancer cells have hormone receptors on their surface, or other characteristics that might promote the growth of the tumour, which is the case in 90% of the men affected.

Depending upon the results of the analysis, additional examinations may be carried out to determine whether the tumour has metastasized.

Treatment
Most cases of breast cancer in men are treated in a similar way to breast cancer in menopausal women. The treatment is always planned on a case by case basis. The treatment will depend on several factors: tumour size, tissue characteristics, lymph node involvement, and presence of metastases.

Possible treatment methods are:

- Surgery, which aims to completely remove the tumour
- Chemotherapy
- Radiotherapy
- Hormone therapy (antihormonal treatment)
- Other targeted therapies

Conclusion
The prognosis depends largely on the stage at which the cancer is diagnosed: localized tumour, or with regional involvement (lymph nodes), presence of liver, bone, or pulmonary metastases, etc.

In conclusion, breast cancer in men, although very rare, does not differ fundamentally from the condition in menopausal women.

Dr David Cohen

Société canadienne du cancer : Cancer du sein chez l'homme
Le cancer du sein chez l'homme - Centre du sein – CHUV, etc.
NOTE FROM THE EDITOR

Scams and Schemes *(Quarterly News 115, page 11)*

I am relieved to be able to report that the above article by Maria Dwegah recently came to my rescue. For the first time, I received the type of e-mail message Maria referred to, with one of my passwords mentioned, accompanied by all sorts of insinuations and unpleasant lies, along with the threat that if I did not pay them a significant sum of money immediately, they would inform everyone on my contact list!

Normally I would have been worried witless, but thanks to Maria’s article I instantly deleted the scam. It was scary though; and I ask myself how do they obtain these passwords?

**Keith Wynn**

The Editorial board advice,

We refer readers to the online article, [https://malwaretips.com/resources/i-know-password-is-your-password-blackmail-scam-email.69/](https://malwaretips.com/resources/i-know-password-is-your-password-blackmail-scam-email.69/), which advises,

**Is this threat real?**

No, and don’t panic. This email is a scam that tries to trick you into thinking that your device or email has been hacked, then demands payment or else they will send compromising information – such as images of you captured through your web camera or your pornographic browsing history – to all your friends and family. And in classic ransomware fashion, there’s typically a ticking clock. Giving users a short time limit to deliver the payment is social engineering at its finest.

Threats, intimidation and high-pressure tactics are classic signs of a scam.

As you can imagine, this email and anything it states is just a scam to try and scare you into paying the ransom.

**They have my password! How did they get my password?**

To make the threats more credible, these scammers may include one of your passwords in this email. The scammers have your password from sites that were hacked*, and in this case, likely matched up to a database of emails and stolen passwords and sent this scam out to potentially millions of people. You can check if your email or password was compromised in a data breach on “have I been pwned?” [https://haveibeenpwned.com/](https://haveibeenpwned.com/)

If the password emailed to you is one that you still use, in any context whatsoever, stop using it and change it NOW. It’s also recommended that you enable two-factor authentication for your email and online accounts whenever that is an option.

**Should I pay the ransom?**

You should not pay the ransom. If you pay the ransom, you’re not only losing money but you’re encouraging the scammers to continue phishing other people. Delete this email, and under no circumstances pay these cybercriminals a penny/dime/bitcoin.

* One abundant source of stolen passwords – the LinkedIn site, which was hacked in 2012 and over 164 million user passwords and e-mails were stolen. These were sold on to criminals and are now being used for this type of scam.

WHO ART GALLERY

Opening-day launch of the WHO Art Gallery

October 23, 2019 will go down in the history of WHO as an important date for all artistic staff members and former staff members of the Organization.

This date was the grand opening of the WHO Art Gallery at WHO Headquarters in Geneva. More than 200 people attended a reception held in the evening in the Library. Commencing with a presentation of
the project by Kevin Crampton, the organizer. This was followed by an amazing vocal performance from a singer known as Chiara, she sang two beautiful songs for us.

In his presentation, Kevin who is a Business Analyst working in the Information, Management and Technology Programme (IMT), screened a video message from Dr Tedros in London, where he was attending a conference. The DG wished the project success and affirmed his support for the initiative, which he considered a way of enriching the mental health of civil servants. The absence of Dr Tedros meant that the unveiling of a portrait of the DG painted by one of the WHO artists had to be postponed until December. The organizer explained that in undertaking this project, he had followed one of the principles of WHO, "people caring about other people". It was achieved with the participation of a group of artist-friends and colleagues.

All those involved in creating this exhibition deserve a mention for their remarkable readiness to help the author, a former staff member. As soon as the invitation to all active and former staff was launched, the response rate was very high. The artists were free to choose the themes of their works. What a pleasure it was to hear Kevin inform me that many talented artists were hiding among our colleagues working in all areas of the Organization.

The initial commitment was for the artists to loan their work to WHO until the end of 2019, and then the period was extended to June 2020 when the present Library is due to close. 160 works were submitted, 40 of which were exhibited in the Library’s entrance hall and the others in the form of a video. Once the ribbon was cut the real show started. The library was transformed from its serious and well-ordered appearance into a lively art gallery laden with rows of pictures in two long lines. The desk where the Librarian sits had disappeared, replaced by a statue. In the centre, a glass table with painted porcelain items, created by Sophia Guataneh Aguettant when she is not working on WHO publications.

I see a friendly face I recognize, it is a former colleague, Claire-Lise Chaignat who tells me that she is exhibiting this pencil drawing of two elephant heads, very pretty, delicate and poetic. It is one of the many nature paintings in this exhibition, with superb horses, bears, a kingfisher, a grandiose waterfall, etc. There is not enough room to mention all of the works, however we can but admire the talent, as well as the desire to share their different visions of the world with colleagues. Several other former staff had submitted works, like Jill Conway-Fell in Copenhagen with this photo of an “English rose”, Geneviève Pinet in Paris, Maged Younes, Afaf Mashaal from EMRO. Along with a drawing by the late Nedd Willard submitted by Poppy Willard, his widow. The significant participation of former WHO staff members is most gratifying.

More photos of works by former staff can be found on pages 41 and 42 of the web version of the Quarterly News.

Laura Ciaffei
BOOK REVIEWS

Time is a river – A malaria journey
David A Muir

Our colleague David Muir describes his book on the back cover thus:

“The narrative consists of some of the recollections of a biologist who worked on malaria as a WHO staff member from the early days of the enthusiastic “eradication” philosophy, when WHO had operational field teams at the cutting edge in many countries, through the period when the approach reverted to one of “control” which in turn has evolved into the current concepts of “elimination” and “prevention of reintroduction”. The author highlights and illustrates some of the varied country situations and personalities which he encountered over many years in different parts of the world.”

David was recruited to the WHO malaria programme in 1958, at the age of 29. His book starts with a brief and humorous overview covering his youth and his military service in Ceylon (now Sri Lanka), he goes on to describe the background to his recruitment in WHO, starting with a malaria eradication training course in Jamaica. This was followed by successive assignments in Java, in New Delhi for an inter-country project, with chapters on Nepal, Afghanistan, Sri Lanka, Thailand, and then to Beirut – again for an inter-country project covering the Middle East – and finally to Geneva. In the following chapters he describes his postings to Viet Nam, Borneo (Sabah), Pakistan and other countries; each time adding his personal thoughts on the local situation. The book closes with accounts of the evolution of the different methods used in the fight against malaria.

For former WHO staff members there is a double relevance in these reminiscences. First, the book provides an excellent overview of the evolution of vector control in the field with all the practical difficulties it has encountered and is full of anecdotes drawn from the author’s experiences.

David reveals, for example, how Mahatma Gandhi came to authorize the use of DDT. Someone, using casuistic arguments, had convinced Gandhi that its use did not contradict the principle of non-violence and was justified as self-defence against anopheline mosquitos entering homes uninvited.

David also recalls the parachuting of cats into Borneo by the Royal Air Force, a burlesque tale of the unintended consequence of the use of dieldrin.

Second, and just as fascinating; the many references to the people David has worked with. National staff, WHO experts in the field and headquarters, and other Organizations, the author has richly illustrated his book with a very large number of photos of them. Like me, our readers will find friends and former colleagues.

Jean-Paul Menu

164 pages.
Published privately as a limited edition in 2011. Although never sold commercially copies are occasionally offered for sale by specialist book stores, search in Google. However, the author has generously provided a copy to AFSM to loan to our members, and we shall post this copy to you at our expense, on a first come, first served basis, and on strict condition that it is returned to us at your expense within a reasonable time.

1The full story is told in the Quarterly News (No. 60, April 2005) which can be found on our website
Cruise on the Douro from Porto, Portugal to Salamanca, Spain

6 to 13 May 2020, 8 days, 7 nights

But hurry! Only a few places are left for our cruise on the Douro river sailing from Porto to Salamanca. If you would like to join us please contact us now, there are only a few places remaining. The Douro valley was designated a UNESCO World Heritage Site in 2001. The “five-anchor” (5-star) cruise-ship, CroisiEurope MS Gil Eanes, was completely renovated in 2015 and has just 66 cabins.

It is an all inclusive cruise: return flights Geneva – Porto, well-equipped and air-conditioned cabins, full board including drinks at mealtimes and at the bar, as well as all daily excursions and entertainment, and Wi-Fi.

Price per person
Upper deck 13,30 m² double cabin 2,100 €
Upper deck 13,30 m² single cabin 3,370 €
Main deck 13,30 m² single cabin 3,035 €
Middle deck 13,30 m² single cabin 3,195 €

Programme
Day 2: Guided tour of Porto, a vibrant city, one of the oldest in Europe, with narrow streets of the ancient Ribeira district through to the grand plaza of the Trindade district. Fado evening.
Day 3: Porto–Regua: Guided tour of Guimaraes which is regarded as the birthplace of Portugal. Dancing in the evening.
Day 4: Regua–Vega de Teron: Visit to Vila Real which played an important role in the history of Portugal. The Mateus Palace, built in the 18th century, it also has beautiful gardens. Flamenco evening.
Day 5: Barca d'Alva–Salamanca: Guided tour of Salamanca, a UNESCO World Heritage site, with Europe’s third oldest university (1218) and its two cathedrals that stand side by side. Various evening activities.
Day 6: Barca d'Alva–Ferradosa–Pinhao: Excursion to Pinhao, encircled by terraced hillsides, for wine tasting. Gala evening.
Day 8: Porto–Aviero–Geneva: Buffet breakfast on board. Disembark at 9h00. Bus excursion to Aveiro, known as “Venice of Portugal”. This medieval town is characterized by its network of picturesque canals. Not far from the centre stands the cathedral which is adorned by an imposing steeple. EasyJet flight, dep. 17h50 – arr. 21h05

Registration
by email to c.hager@bluewin.ch or by post – Charles Hager, Rte de Chêne 64c, 1208 Geneva.

BANKING FACILITIES AT WHO

The UBS office at WHO was closed down on 8 November 2019

On 11 November 2019 the staff and activities of the UBS branch office in WHO were transferred to the UBS branch office at ILO.

Located a short walk from the WHO premises the UBS branch office at ILO is providing all traditional banking services: consulting staff, advisers, Multimat, ATM and cash desk. Access to the ILO premises is granted with your WHO badge simply by exchanging it at the ILO security desk.

In order to continue to provide a day-to-day banking service at WHO, UBS has retained two ATMs and a Multimat in the WHO main building and later in the WHO new building.

UBS ILO, Route des Morillons 4 BIT, 1202 Geneva
Tel. 022 929 15 65
Private Client Hotline +41 848 848 054
Opening Hours (Mo-Fr):
9 am - 12.30 pm / 2 pm - 5 pm
WHO key-rings and other memories

I understand that some WHO key-rings, celebrating the opening of the new WHO building in 1966, have recently re-surfaced.

These key-rings were actually made from commemorative medals which had been produced as souvenirs on the occasion of the inauguration of the building in May-June 1966. There were a certain number of medals remaining so they were transformed into key-rings and put on sale at the then Naville newsagents in the main hall, which was under the responsibility of the catering officer. This was part of my post when I re-joined WHO at the end of 1969. I took over from Mr Fèvre as catering officer and Mr Assimacopoulos, responsible for office accommodation and the annual transfer of participants, staff, equipment, and supplies to and from the Palais for the World Health Assemblies.

I had first joined WHO in 1962 as AAO¹ for the UNOC² in the ex-Belgian Congo, served the UNDP in Tanzania and came to WHO HQ in Geneva in 1968 to assist with the organization of the WHA in Boston, USA, in July 1969. Prior to that I had worked for the Intergovernmental Committee for European Migration, as Escort Officer for Migrant Ships to Australia, nine trips, at the height of the Hungarian crisis, later based in Geneva.

An early project in 1969 was to reorganize restaurant services. These were suffering from poor external management, inferior quality of the food served and compounded by the problem of water seeping from the 8th to the 7th floor – into the DG’s offices! The restaurateur claimed the operation ran at a loss. An initial step was to replace the coffee trolley service with automatic coffee/tea distributors. The next task was to launch a “Call for bids” which was won by the Co-op; services and quality improved.

A major task was to convince the administration to engage the services of an independent building constructor specialized in the problem of water leaks. A US company carried out the survey and as a result it was decided in the early 1970’s to close the restaurant on the 8th floor and build a new restaurant in the park in front of the EB building, which opened in 1984. The 8th floor was then converted into offices. Some of the recommendations of the US contractor concerned the structure of the building as a whole, namely to take a close look at the rusting steel reinforcements of the pre-stressed concrete. These studies were later undertaken by taking core samples and probably form part of the present renovation programme. At the time much of this gave me sleepless nights!

It may not be widely known that the new building did everything except solve space problems, it was in fact more of a political gesture, to free WHO HQ from the restrictions of sharing accommodation at the Palais des Nations with the UN Office in Geneva. The new building was simply too small and a whole division – that of Malaria – had to be accommodated in offices rented in Geneva.

In the mid-1970’s I became aware of this situation and of plans to build a permanent extension on the adjoining land. However the political situation within WHO and in Geneva was far from favourable for such projects so this idea had to be postponed and a “temporary extension” was built – the L building.

During its tenure at the Palais, WHO came under the umbrella of the administrative services of the UN as far as office space, equipment and other services were concerned. With the move to the new building all of these services had to be provided and organized by WHO, including the all-important tea/coffee trolley service on each floor!

Hugo Tomyska

¹ Assistant Administrative Officer
² United Nations Operation in the Congo
Geneva, then and now

It is about 45 years since I first visited Geneva and WHO headquarters. Since then there have been many visits and the present one in 2019 might be one of the last (less stamina to undertake the long journeys from India to Switzerland!). During these years I have seen the transformation the city has undergone. Yes, change is necessary and essential for progress. Had there been no change (call it technological development) we would still be using our good old typewriters, instead of iPads, computers, mobile phones, and operator-assisted “trunk” calls instead of direct-dialling!

There is the “unchanged” Geneva. The *jet d’eau*, the flower clock, *mouettes* moving on placid waters of Lac Leman. At Plainpalais the gentleman is still waiting for a taxi, the lady is still looking for coins in her purse, and a man is still sitting on a bench presumably waiting for a tram! The ubiquitous Swiss railway clocks still retain their design and the Arve river runs the same course. Many erstwhile active colleagues are now members of AFSM.

Changes that are seen. Geneva airport has expanded considerably. The city has expanded. Human population and the number of vehicles on the roads have increased. The WHO building is being remodelled, and extended. Some annex buildings are about to disappear. The number of national flags in front of the UN complex has increased. A broken chair has been installed in front of the UN building. The TPG trams have received a facelift, and the fares have gone up! A number of quaint chalet-style homes with decorated windows have been replaced by multi-storey structures.

What more can be expected in the years to come?

*JV Perumal*

Remote access for former WHO staff to Online medical journals

Retirement is a wonderful period of life. At last, we can do what we feel like doing and we can put off doing those things that are of less interest (with some notable exceptions of course). Many of us now have time to read a lot more, including professional literature. This is a good thing as it keeps us up-to-date on the latest incredible changes and progress, and it also protects our cognitive abilities from age-related deterioration.


Usually such medical literature databases provide article summaries free of charge. Reading a summary can provide a rough idea of the contents. If of interest, we would want to read the complete article, to go into the methodology used, to see the detailed results, to get acquainted with the discussion and to see the limitations of the project described.

Many publications can also be accessed free of charge by the general public. For instance, the *PubMed Central* portal [https://www.ncbi.nlm.nih.gov/pmc/](https://www.ncbi.nlm.nih.gov/pmc/) has some five million full text records taken from thousands of scientific journals. You can read them freely as and when you wish.

However, and here is the crux of the problem I wish to highlight, it may be that an article of “apparent” interest is not available online free of charge. We cannot necessarily arrange to visit an appropriate library. Obtaining the right to read such an article online may cost as much as 50 EUR. It may be difficult to regularly include such an expense in the pension budget, particularly because paying for an article in advance may prove a risky and costly gamble if the article doesn’t deliver on its promise.
Some institutions have a Virtual Private Network service which allows staff – and former staff – to use library resources online remotely from outside the office.

Regrettably, such a facility is not available to WHO former staff, and I wonder if other members of AFSM have encountered this problem, and whether they have found a suitable solution.

Many retirees continue to work, study, write, lecture, and debate in their chosen fields. Free and easy access to all of the latest literature is essential for that to continue, and incidentally helping maintain good brain health, with all of the advantages this brings to the Staff Health Insurance. Could AFSM enquire whether the present WHO agreements with Journals might be reviewed to include former WHO staff accessing from home, even if that is in Canada?

Finally, may I point out in my appeal to WHO decision-makers, one day you too will be retirees and might also be affected by this situation.

Stanislaw Orzeszyna

Nostalgia?

A letter to the Lancet recently came to my attention. In it, the authors argue for a revival of the Advisory Committee on Health Research, describing it as “one of WHO’s oldest institutions”.

(https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)33111-2/fulltext)

Back in 2008 the responsible ADG ordered a systematic historical review. WHO eventually published the book in 2010. I had been approached to conduct such an overview of the first 50 years of WHO’s involvement in research. (https://apps.who.int/iris/handle/10665/44484)

Mid-course through the study, my successor in office invited me to address a gathering of leading academics and EB members. The speech can be read at

https://www.who.int/formerstaff/publications/Mansourian_Afterdinnertalk2008.pdf?ua=1

Several colleagues might enjoy the recollections...

P.B. Mansourian

INFLUENZA VACCINATION

The free influenza vaccination for retired SHI members – organized in collaboration between the Medical Service, SHI and AFSM – took place this year on 15th and 22nd October held as usual in two sessions.

This was the 14th 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, 207, not counting those who could not come on the day, and those whom the Medical Service kindly agreed to vaccinate by direct appointment.

The nurse is R. Andrianan and Mustapha Allag is being vaccinated

Photo: Marc Karam
News from around the world

AFSM-PAHO/AMRO: In the September 2019 edition, the editorial by Antonio Hernández, Enrique Fefer, and Gloria Coe details the progress of updating AFSM’s communication system. The Director of PAHO, Dr Carissa Etienne recently approved AFSM’s request to use the PAHO IT resources that have the latest protections to keep archives and documents safe, to enable communication with members both safely and securely, and to facilitate the work of the Board’s and AFSM’s Committees. They have also been most fortunate in being allocated space on the PAHO cloud-based Share Point platform where their membership Directory will be housed. A fundamental change for the security of AFSM communications. A report of the AFSM Summer Luncheon, held on the 18th July in Virginia follows, with details of two presentations given at the lunch, one on Medicare/Aetna-SHI/AFSM, and the other on PAHO/WHO Federal Credit Union. Of great interest to our readers residing in the USA.

There is an update on Staff Health Insurance and Pensions by Carol Collado, with further information to follow in the next issue.

Gloria Coe and Martha Peláez continue their series on Health Tips: Health and Ageing: A Great Two-Step, including the news that the United Nations declared the decade 2020–2030 as the UN Decade of Healthy Ageing, to be led by WHO. This article will be of interest to our readers, and is well worth going to the AFSM PAHO web site to read.

Continuing with the “Where are they now?” series, this issue features Luzmaría Esparza. The reprint of the recent Quarterly News (QNT 116) article on Climate change and its impact on health: the role of WHO by Lindsay Martínez concludes this issue.

An interesting and jam-packed edition which we recommend you to read. 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

AFSM-SEAR: Unfortunately, on this occasion the publication of our next edition of Aesculapian is not far enough advanced for us to prepare a resume of the contents for this issue of the Quarterly News.

Ashok Mitra

AFSM-Manila: The date, and the invitation to the AFSM-Manila 2019 Annual Grand Reunion/Christmas Party were published in October. The party took place on December 4th and was open to all AFSM-Manila members and other former WPRO Staff Members. The party was held in the WPRO foyer starting at 11.00 hours and registration opened at 10.00 hours. There was a group photo session at 10.45 hours.

The AFSM-Manila committee organizers reminded everyone that the Annual Grand Reunion/Christmas Party was the perfect opportunity to share memories and reminisce about old times with former colleagues and friends, and so it turned out.

Romy Murillo
WHO Retirees’ Representative in Scandinavia: EURO’s former WHO staff Christmas lunch was held on 29 November 2019.

Sleet drifted back and forth on a typical November day in Denmark’s capital city, a freezing wind tugging at my coat. What a relief it was to enter into a warm and welcoming environment where former WHO staff had gathered for our annual Christmas lunch at Restaurant Amadeus. This is close to the Royal Theatre and the renowned hotel D’Angleterre in Copenhagen where many celebrities have stayed, the famous, the infamous and those who are merely notorious!

I had asked the friendly owner, Jesper to provide a Christmas lunch buffet with all the usual trimmings. All of us enjoyed the day and had only compliments for Jesper and his team.

There were WHO retirees present from Denmark, France, Germany, Italy, Portugal, Russia, Spain, the USA, and the U.K. You may remember some of them; the former EURO colleagues who attended were: Angela Alderslade, Mary Stewart Burgher, Pamela Charlton, Sally Charnley, Jill Conway-Fell, Jette Gersdorf Van Deurs, Wendy Enersen, Gabriella Frederiksen, Patricia Ann Hughes, Elisabeth Huybens Hald, Sue Irmov, Coco Jerrico, Marianne Kjeldgaard, Claudia Lanos, Rita Larsen, Susana Viegas Louro, Christine Lund, Tanya Michaelsen, Kira Mortensen, Odette Popkin, Agnès Rasmussen, Annette Struckmann, Frank Theakston and Robert Tjoa.

After the meal, we wished each other a merry Christmas, emerging into clear blue skies and sunshine. Participants were provided with AFSM’s brochure and encouraged to join the Association.

Jill Conway-Fell

AFSM-Eastern Mediterranean: Our dear colleague Afaf Mashaal spent 35 happy years working for WHO in EMRO, and much enjoyed those working years, which enriched her life with experiences, knowledge and above all the colleagues who became her second family. Nevertheless painting, along with writing novels in Arabic, remained her much loved hobbies but both had to be put on hold.

Readers may recall that Afaf was mentioned briefly in Quarterly News 111, April 2018, on page 20, when it was revealed how her determination to perfect her painting techniques motivated her to drive from Alexandria to Cairo University every week to follow a course on painting.

While working Afaf just did not have sufficient free time to pursue these hobbies. However once retired and after completing her painting course, and with the encouragement of her friends, she started enjoying painting and writing again, and commenced a successful project, decorating flower pots which, together with her flower arrangements, proved that it is never too late to enjoy life and do what you really want. We hope to recount Afaf’s writing skills in a future Quarterly News.

Samples of Afaf’s paintings are being exhibited in photo form at the WHO Art Gallery, held in the HQ WHO Library until June 2020. Artworks produced by WHO staff members and former WHO staff member were on display, highlighting the secret talents of our colleagues.

Aziza El Naggar
IN MEMORIAM

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 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.

Dr Heli Bathija, born 22 June 1952 in Finland, died 26 September 2019 in Switzerland

Dr Heli Bathija was born in Paattinen, near Turku in the south of Finland in 1952. She completed her medical studies at the University of Turku, with a focus in paediatrics and received a Diploma of Tropical Medicine and Hygiene from the Liverpool School of Tropical Medicine in the United Kingdom. She then left for Senegal to work as a doctor for the Finnish Missionary Society; it is there that she met her future husband, Afghan Ambassador Sham L. Bathija.

From 1985 to 2012 she worked at WHO Headquarters in Geneva, in the Special Programme of Research, Development and Research Training in Human Reproduction (HRP). In this capacity, she coordinated multi-centre research studies, was responsible for research capacity strengthening in Africa and in the Middle East and provided technical support for program development in these regions.
She was proactive in a variety of areas, in particular: the impact of the environment on reproductive health, the promotion of eHealth and mHealth, and the abandonment of female genital mutilation.

In 2012, she founded and led *Hope for the Babies International* (HOBI), an NGO focused on preventing maternal and newborn mortality in Afghanistan through health education and income-generating activities for the mothers, and hand-knitted woollen clothes for the newborns to protect them from hypothermia. She was also Director for Knowledge Management and Sharing at the Geneva Foundation for Medical Education and Research, specializing in on-line training courses for health personnel. She pursued these endeavours with strength, passion and conviction until the very end.

Diagnosed with metastatic pancreatic cancer in 2014, she fought with tremendous courage and determination. She will be remembered for her unique ability to reach out to people, her positive approach to life, her generosity, her insatiable curiosity and her deep Christian faith. She is survived by her husband, two sons and a daughter to whom we address our deep condolences.

*Catherine d’Arcangues*

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**Celia Treasure, born 18 August 1953, died 13 September 2019 at the Christie Hospital, Manchester, UK**

Celia was a true and loyal friend for 45 years and became part of our family, sharing the good and bad times over the years.

We first met in Geneva in the early 70s, having both answered an advert in the Crème de la Crème section of *The Times* newspaper for secretaries at the World Health Organization. We eventually ended up working in the same department and became friends. Her work ethic was incredible and she was greatly respected by all who came into contact with her in the Human Reproduction Programme for which she travelled widely and enjoyed immensely.

Celia returned to the UK during the mid-80s to work in the City in London, but kept in touch with a group of good friends in Geneva and made frequent trips back over the years. She eventually moved back to Manchester to work as executive secretary to the Director of an international company and to look after her ailing parents, for whom she cared until their deaths a few years ago.

Celia always rose to a challenge, whether it was learning scuba diving, ballroom dancing, hiking in the Yorkshire Dales or discovering different cultures during her travels all over the world. She enjoyed life and when staying with us for holidays – depending on the season – she would always relish a traditional *fondue* or a plate of *filets de perche* with a few glasses of Swiss white wine.

She developed breast cancer 8 years ago and was in remission until it returned last year but faced this new challenge with great dignity and courage. Lesions on her liver were discovered at the beginning of September this year and she died peacefully on the 13th.

We’ll miss her always and will remember her fondly for her joie de vivre, generosity, and the steadfast and loyal friendship she always offered.

*Ruth Malaguti*
Raemonde Blattner, born 23 January 1937, died 6 September 2019 in Geneva, Switzerland

I was sorry to learn that Rae had recently passed away. I last met her at the AFSM Annual reception less than two years ago. On that occasion, she was her usual enthusiastic self, expressing strong opinions as always on a number of issues. It was nice to see that she kept up contact by attending our Association’s events.

I remember Rae from my early days in WHO. At that time she was one of the pillars of the Payroll unit. She came across as hardworking, knowledgeable and professional in her work. Perhaps because of these professional qualities, she could be impatient with those who did not live up to her standards. She was helpful to those who had queries with their pay and could be relied upon to give the right answer. At social events in WHO at a time when I myself had young children, she showed interest and spoke fondly of her own daughter although I knew little about her private life.

Rae will be missed by us as a loyal supportive member of our AFSM.

Ann Van Hulle-Colbert

ASTRONOMY

The skies for January–June 2020

One planet dominates the evening skies in the first half of 2020 – Venus. Although it is the planet that comes closest to Earth, it is not always easily visible. It can be too close to the Sun, or low in the sky for months on end. But this year it is the Evening Star, brilliant and high in the evening twilight sky for weeks on end, particularly as seen from the northern hemisphere.

At the start of the year it will be quite low down in the west, visible for only a short time after sunset. But by March it will become obvious and will reach its greatest distance from the Sun on 24 March. Its orbit around the Sun is inside that of Earth, bringing it closer to Earth all the time.

Being completely cloud-covered, Venus is the brightest planet of all in our skies, and it will reach its greatest brilliance in the last week of April. Early May will be the best time to view it through a telescope or even binoculars, as it will then show an obvious crescent phase. But by then it will be getting lower in the sky, and by the end of May it will be almost in line with the Sun and hard to find in the twilight.

Find out more about astronomy at the Society for Popular Astronomy’s website, 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
Reception 2019. Photo 1 Jean-Paul Menu welcomes the participants and invites Dr Tedros to the podium. Photo 2 Dr Tedros amuses us all. Photo 3 Catherine Kirore Corsini, Staff Association. Photo 4 Dr Tedros, Maria Dweggah, Joel Schaefer, Jennifer Linkins. Photo 5 Sandra Edgar. Photo 6 Catherine Roch Hazelden, Paul Puget. Photo 7 Sovanna Sun, Gilles Fado, UNJSPF. Photos: Sue Block Tyrrell
Reception 2019. Photo 1 Participants listening to the speakers. Photo 2 Dev Ray, Catherine d’Arcangues and her husband. Photo 3 Pia Soto Cannata Mei, Michèle Evans, behind them Derrick Deane. Photo 4 Dr Tedros, Rosemary Villars. Photo 5 Mary Wynn, Wendy Gray. Photo 6 Thierry Lambrechts, Marjory Dam.
Photos: Marc Karam
Colours of Change
© by Maged Younes, Geneva

Horses by the Sea
© by Geneviève Pinet, Paris
Queen Mary 2 in Helsingør harbour 2019
© photo by Jill Conway-Fell, Copenhagen

Sketch
© by the late Nedd Willard

Decorated watering jug
© by Afaf Mashaal, Alexandria
The 47th annual edition of the United Nations Inter-Agency Games will be held at Copenhagen, Denmark, from Wednesday 3 June to Sunday 7 June 2020.

This means that the evening opening ceremony will be held on the arrival date of Wednesday 3 June, with the competitions being held on Thursday and Friday, and possibly Saturday morning. The closing Gala would be on Saturday evening and departures on Sunday.

The Games are this year being organized jointly by UN New York headquarters and UN City Copenhagen. Copenhagen already boasts a strong UN presence with the UN City comprising some 11 UN system agencies, including the WHO/EURO Regional Office, the UNICEF Supply Division and UNOPS headquarters. It should accordingly be an excellent venue for the Games. Visa applications should also be handled more favourably than in recent years.

These “UN Olympic Games” have come to represent the largest annual gathering in the world of UN system staff and retirees. There were some 1,300 participants at Lisbon in May 2019, engaged in 13 disciplines: Athletics, Badminton, Basketball, Chess, Cricket, Darts, Football, Golf, Pétanque, Swimming, Table Tennis, Tennis and Volleyball. Virtually all disciplines have men and women categories or are fully integrated. However competitive the matches, they are invariably viewed as a social event, when friendships are formed and maintained over the years. “Supporters” are warmly encouraged to join the event.

The website [http://www.interagencygames.org](http://www.interagencygames.org/) provides useful background on the Games. WHO participation in the past has been quite diverse, with participants from regional offices and field duty stations (Angola, Brazzaville, Kazakhstan, Kenya, Mozambique, Nigeria, Zimbabwe, etc.) exceeding that from headquarters. Unfortunately, participation by WHO retirees remains minimal, despite the presence of certain sports such as golf, pétanque, chess and tennis. It should be noted that virtually all teams in all disciplines have become multi-agency. Individual registrations are accordingly encouraged, to be incorporated into an appropriate team by the discipline’s Coordinator.

To give an example, one chess team in 2019 consisted of players from 5 different peace-keeping and humanitarian missions!

We have no information yet as to whether the registration “package” will include accommodation or only special offers to this effect. As usual, however, participants will need to make their own travel arrangements and it is never too soon to explore those options, particularly if cancellable.

An invitation letter will be issued in due course with details on the disciplines, costs, registration formalities, etc. Registrations must be made through designated focal points at agencies or duty stations. The WHO overall focal point is:

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