A legacy of Philippe Ignace Semmelweis is the importance of hand-washing, so significant at present. Two former WHO staff, Yasmine Motarjemi and Hiko Tamashiro, feature this physician on page 20.
Gérard Dazin, one of the founding members of our Association, died recently. There is an obituary on page 33 prepared by his daughters, however on a lighter note, on this page you will find a caricature of Gérard presented to him on his retirement in August 1983, the staff representative as we remember him, as well as a selection of canvases taken from his numerous paintings.

Cartoon “We won!” by “PAKO” the nom de plume of AFSM member Francisco de la Fuente, who was also a graphic artist in WHO with Gérard.
In February, I wrote the editorial for the April edition blissfully unaware of what lay just ahead, and that our magazine would not be despatched because of the upheaval caused by the COVID-19 pandemic. Now, writing scarcely twelve weeks later, the lives of all of us have been changed in one or more ways. We are uncertain if and when this July edition will be printed and despatched, but we aim to ensure that you receive a digital copy, as we did in April.

The cover carries a portrait of Dr Ignace Semmelweis, a forefather of medical hygiene. The April 2019 edition (QNT 115) included a news item noting that a bust of this Hungarian-born physician is on display in the WHO entrance hall. More about his findings on the importance of hand-washing in infection control can be found on page 20.

Much has changed in WHO during recent decades, even beyond recognition some members may feel. But thankfully some important things continue, notably the WHO publications which have remained in production over very many years. Read this fascinating account by Lindsay Martinez starting on page 6.

We sincerely hope that you have all stayed safe from COVID-19 during these strange and difficult times. Keith Wynn

**EDITORIAL BOARD**

Keith Wynn, Editor-in-Chief and layout, Yves Beigbeder, Sue Block Tyrrell, Laura Ciaffei, David Cohen, Maria Dweggah, Lindsay Martinez, Jean-Paul Menu, Dev Ray, Rosemary Villars.

The translation of all articles is undertaken by the Editorial Board and Catherine d’Arcangues, Michele Evans and Anne Yamada.

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

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

**ACKNOWLEDGEMENTS**

We very gratefully acknowledge the invaluable support of the Printing, Distribution, and Mailing Services.

**IMPORTANT CONTACTS**

AFSM: Office 4141, WHO, CH-1211 Geneva, Switzerland. Tel.: +41 (0) 22 791 3192 or E-mail: aoms@who.int or afsm_aoms@who.int. The AFSM office is covered on Tuesdays from 9:30 to 12:00. Alternatively, please leave a message and someone will call you back. Website: https://who.int/formerstaff/en/. Resources for retirement: visit the site, https://www.who.int/formerstaff/issues/retirement/en/. Formalities in case of death of former WHO staff member: visit the AFSM website, https://www.who.int/formerstaff/about/en/

Health Insurance (SHI): Tel.: +41 (0) 22 791 18 18; in case of absence please leave a message, someone will call you back, or send an e-mail to: shihq@who.int. The HQ SHI Helpdesk in office 2140 is open as follows: Monday: 1–3pm / Tuesday: 9–11am and 1–3pm / Wednesday: Closed / Thursday: 9–11am and 1–3pm / Friday: 9–11am.

Pensions (UNJSPF): Contact by e-mail is no longer possible. Visitors between 09.00 and 17.00 Monday to Friday except Thursday, at the Geneva office, Du Pont de Nemours Building, Chemin du Pavillon 2, 1218 Grand-Saconnex, at the New York office, 4th floor, 1 Dag Hammarskjöld Plaza (DHP), Corner of 48th Street and 2nd Avenue, New York, NY 10017. Write via the “Contact us” link on the Fund’s website: https://www.unjspf.org. Documents for NY by regular mail, address to: United Nations Joint Staff Pension Fund, c/o United Nations, P.O. Box 5036, New York, NY 10163-5036, USA. Documents for NY by courier (DHL, etc.) or registered mail, address to: United Nations Joint Staff Pension Fund, 4th floor, 1 DHP, 885 Second Avenue, New York, NY 10017, USA. Documents for Geneva, address to: UNJSPF, c/o Palais des Nations, CH-1211 Geneva 10, Switzerland. Telephone: Geneva: +41 (0) 22 928 88 00 or New York: +1 212 963 6931. See also the list of Toll-Free and local numbers at https://www.unjspf.org/toll-free-numbers/. In the case of non-receipt of the monthly benefit or the death of a beneficiary, visit the website: https://www.unjspf.org/emergency/ for instructions.

Remember to always have your Unique ID number handy when contacting UNJSPF.
CARDIOVASCULAR DISEASES – "CARDIAC COHERENCE"

What is cardiac coherence?

In these times of confinement, generating stress and anxiety, it would be useful to be able to control one’s emotions. Here are two methods, certainly controversial, but which could be helpful if they are undertaken correctly, Mindful meditation, already dealt with in Quarterly News (January 2017, No. 106), and Cardiac coherence, which is another self-practised means of dealing with stress and emotions.

Cardiac variability is the heart’s capacity to vary its pulse rate (heart-beat frequency) in order to balance the nervous system and the emotional state; a calm and regular cardiac rhythm (i.e. cardiac coherence) may be achieved by controlled breathing.

By means of a complex network of neurotransmitters, the heart communicates directly with the brain. By acting on our heart rate through breathing exercises, we have the capacity to send positive messages to the brain.

How does it work?

The human body is regulated by two nervous systems, the somatic system (controlling our voluntary acts) and the autonomic system (controlling internal organs and glands). The heart is an active part of the autonomic nervous system, allowing it to adapt to changes in its environment.

Thanks to the recent advances in the neurosciences, the heart is no longer considered simply as a pump, and is increasingly viewed as being central to the autonomic nervous system. The oldest known medical treatise, dating from the 28th century BC, the Huangdi Neijing – a collection of ancient Chinese medical texts – had already observed the variability of the heart rate as a vital health sign.

Much later the Italian physician Antonio Marie Valsalva (1666–1723) remarked that the heart synchronized with breathing by accelerating on inhalation and slowing on exhalation. In the 19th century Sigmund Mayer, Ewald Hering and Ludwig Traube discovered that rhythmic oscillations of blood pressure are observed at certain respiratory frequencies. They later determined that the ideal frequency is six breaths per minute.

Originating in the United States about fifteen years ago, the concept of cardiac coherence arose from medical research in neuroscience and neurocardiology. Its impact on stress management has been studied and highlighted by the HeartMath Institute; it was introduced into Europe by the doctors David Servan-Schreiber and David O’Hare.

Cardiac coherence is a simple tool, accessible to all. The heart reacts very strongly to emotions (the rhythm races when one is stressed, frightened, surprised); controlling the pulse rate by means of breathing makes it possible to influence the brain positively. Controlling the heart rate allows you to control your emotions.

By using a respiratory technique of six breaths per minute the body enters into cardiac coherence, a state which prevents it from being overwhelmed by stress, anxiety, anger or provocation, all of which have detrimental effects on dealing with events and health.
Increasing the ability to cope with stress is the prime objective of cardiac coherence. Stress is the body's natural response to an unusual situation. When stress is well managed the result can be positive and provide energy, motivation and pleasure. When it is poorly managed it can paralyse and harm physical and mental health. Combined with a healthy lifestyle (good diet, physical activity) cardiac coherence has several benefits:

**better cardiovascular health:** cardiac coherence lowers the secretion of cortisol (stress hormone) and also reduces blood pressure.

**better psychological health:** by reducing anxiety and stimulating the secretion of the hormones of well-being (serotonin, dopamine), cardiac coherence makes it possible to combat nervous exhaustion, regret, and depression, and to improve concentration, memory and self-confidence.

**better ageing:** cardiac coherence calls on the body’s naturally occurring DHEA, a hormone that might influence the rate of ageing. In addition, the calming effect generated promotes good sleep, essential for physical and mental recovery. The immune defences and resistance to pain would also be strengthened.

The effects of cardiac coherence commence during the session and last for 4 to 6 hours. To benefit from this well-being all day long, it is suggested to practice the **3 6 5 method**, 3 sessions per day, 6 breaths per minute, for 5 minutes.

It takes about two weeks of use to adopt this breathing automatically and observe tangible results.

- **What to do:** sit upright with a straight back, both feet on the ground, inhale deeply through the nose for 5 seconds, then exhale deeply through the mouth for 5 seconds. To achieve cardiac coherence, six breathing cycles (inhaling-exhaling) should be undertaken every minute for 5 minutes (30 breathing cycles in total).

- **How to accomplish this:** it is important that the cycle of six breaths per minute is maintained (it is at this rate that the heartbeats resonate with the breathing cycle). You could use a stopwatch, or download a free timed-breathing type of application [https://www.youtube.com/watch?time_continue=63&v=Tr5NI74ifgw&feature=emb_logo](https://www.youtube.com/watch?time_continue=63&v=Tr5NI74ifgw&feature=emb_logo) or [https://www.youtube.com/watch?v=Q0JP_TV6sgY](https://www.youtube.com/watch?v=Q0JP_TV6sgY) or set a timer for 5 minutes and draw waves on the sheet to the rhythm of breathing (rising when you inhale, descending when you exhale), then count them at the end; there should be 30 on average (say, between 28 and 32).

- **How often:** it is suggested when you wake up, before lunch, and in the evening before bedtime. You can also add a session should you need to calm down after a stressful situation, in order to reduce the negative effects on health.

**When not to undertake cardiac coherence exercises:** The presence of heart arrhythmia (irregular heartbeat, when the heart may beat too fast, too slowly, too early, or erratically) has underlying causes which are more serious than temporary emotions or stress. Using cardiac coherence exercises in this case might mask a problem that requires medical attention. There would be a risk of overlooking a pathological condition, believing that these exercises could help in the case of arrhythmia and cardiac fibrillation. This is a method of relaxation and not a treatment. Before commencing you should first seek the advice of your doctor.

**Dr David Cohen**

**Sources.**


*Relaxation et méditation*, Dominique Servant (Odile Jacob, 2007)

*Maigrir par la cohérence cardiaque*, David O’Hare (Thierry Souccar Editions, 2008)

*Méditer pour ne plus déprimer*, Mark Williams, John Teasdale, Zindel Segal et John Kabat-Zinn (Odile Jacob, 2009).

Internet sites: guerir.fr, enmergie.com, symbiofi.com
THE UNCHANGING FACE OF WHO

WHO publications from past to present

While much has changed at WHO HQ over the years, we may feel relieved that many things do not change and essential work goes on, even in especially difficult circumstances. This basic stability and continuity is reflected in WHO publications which have stood the test of time, providing reliable information and guidance to support health systems worldwide. This article highlights the long-running publications, several of which are at least as old as WHO itself and still with us today.

Weekly Epidemiological Record
The Weekly Epidemiological Record (WER) was first published on 1 April 1926, originally named the Weekly Record. It was produced by the Health Section of the League of Nations to record the prevalence of cholera, plague, typhoid, smallpox and yellow fever, the five diseases which were notifiable at that time. Renamed in 1948, it was further developed by WHO to provide current information on the epidemiology, prevention and control of a broader range of communicable diseases of public health importance, including those that come within the provisions of the International Health Regulations. The WER reports progress towards WHO goals, notably the eradication of poliomyelitis and the elimination of a range of important endemic diseases, and provides timely information on emerging, re-emerging and epidemic-prone diseases. Vaccines and vaccination are also among the high priority subjects. The annual composition of seasonal influenza vaccines, recommended for the northern and southern hemispheres respectively, are published in time for vaccine production and deployment prior to the next influenza season in each hemisphere. Vaccine position papers present the WHO recommendations on the use of individual disease-specific vaccines, with a synopsis of the scientific evidence on which the recommendations are based. The 90th anniversary issue on 1 April 2016 traced the history of the WER and highlighted many of the major public health achievements that it has reported. The WER is bilingual English/French, published every Friday, in print and freely accessible online.

Bulletin of the World Health Organization
The Bulletin of the World Health Organization was first published in January 1948. It was developed at the request of the UN Commission which was charged with creating an international health organization, i.e. WHO. The Commission called for a “substantial publication of the highest standard” and “a vehicle for significant studies, from whatever source, on all subjects which are of relevance to the international
approach to health problems”. WHO established the Bulletin as a leading international journal of public health, with special focus on developing countries. It draws upon WHO experts and external collaborators as editorial advisers, reviewers and authors.

The first issue of the Bulletin reported on reactions to the smallpox vaccine, malaria control, tuberculosis in Greece, and rodent infestation of ships. In the second issue, coverage of a cholera outbreak in Egypt became an important historical record of the first emergency disease epidemic to be tackled by WHO. Many public health subjects have featured in the Bulletin, including social and economic aspects and research reports, concerning both communicable and noncommunicable diseases. Special theme issues highlight particular topical subjects, such as social determinants of health, healthy ageing, and acceleration of universal health coverage. The Bulletin reached its 70th anniversary in 2018. It is published monthly in print and is freely available online.

**WHO Regional Journals**

Each of the WHO Regional Offices publishes a journal of public health, namely the **African Health Monitor**, the **Eastern Mediterranean Health Journal**, the **Pan American Journal of Public Health**, the **Public Health Panorama** (from EURO), the **Western Pacific Surveillance and Response**, and the **WHO South-East Asia Journal of Public Health**. Five of these journals were launched between 1995 and 2015, and so are not among the longest-running WHO publications (the focus of this article); they are all well established and can be expected to continue for many years to come.

The exception here is the **Pan American Journal of Public Health** which was first published in Spanish by PAHO in 1922, and later as a joint PAHO-AMRO journal as it continues today. It began publication in Portuguese in 1923 and the English version was launched in 1966. In 1997 the three language versions were consolidated in a single multi-language format, freely accessible online since 2000. Focusing on health issues of importance for the Americas, the journal provides up-to-date information for health professionals and a platform for research findings. A new website was launched in 2019 and the journal is now published only online.

**International Classification of Diseases**

The **International Classification of Diseases (ICD)** succeeded the **International List of Causes of Death** which had existed since 1893. The ICD was entrusted to WHO in 1948, and several revised editions have been published since then, reflecting advances in health and medical science. The 6th edition (ICD-6) was the first to be published by WHO; as a major innovation it introduced causes of morbidity in addition to causes of mortality.

The ICD provides the international standard for reporting diseases and health conditions worldwide. Use of standardized terminology enables comparison of data, the identification of health trends, and development of evidence-based recommendations and policies. The ICD is also the diagnostic classification standard for all clinical and research purposes. The ICD list allows for easy storage, retrieval and analysis of health data, and for sharing and comparing health
information in different settings and across different time periods. The WHO Nomenclature Regulations (adopted in 1967) stipulate that Member States use the most current ICD revision for their mortality and morbidity statistics. The latest edition, ICD-11, was endorsed by the World Health Assembly (WHA) in 2019 and will come into use in 2022, allowing time for translation into national languages.

World Health Statistics

World Health Statistics (WHS) carries on the long-standing traditional role of WHO in assembling, analysing, and publishing health data from Member States, as previously published in the World Health Statistics Annual (1962–1976) and the World Health Statistics Quarterly (1978–1998). Published annually since 2005, WHS presents a compilation of health statistics which reflect the current state of world health, with comparisons between countries, and tracking changes over time.

Since 2015 WHS has focused on tracking progress towards the health-related Sustainable Development Goals (SDGs); the 2019 edition examined trends, both positive and, in some cases, negative. The data were disaggregated by WHO Region, World Bank income groups, and by sex, to identify health inequalities and their causes, including differences in access to health services. Attention was drawn to differences in life expectancy and health status in men and women. The roles of sex (biological) and gender (societal) factors in determining health outcomes were explored, stressing the importance of taking these factors into account when collecting data, analysing health situations, and in programme planning.

WHO Drug Information

WHO Drug Information was first published in 1987. This quarterly journal provides an overview of topics concerning the development and regulation of medicines, to serve a wide range of health professionals and policy makers. It communicates international news and trends involving the safety, efficacy and quality of medicines and medical products. A range of perspectives are presented on how current challenges affect the manufacture and prescribing of medicines, and access to them worldwide. Newly-released guidance documents are introduced in the journal. The latest edition in 2019 (Vol 33, No. 4) included an article on antimicrobial resistance and the potential role of antimicrobial residues and resistant organisms in the environment, following discharge in waste from health facilities, pharmaceutical manufacturing and other sources. An Expert Committee report on environmental aspects of pharmaceutical manufacturing will be published in the Technical Report Series.

The proposed and recommended International Nonproprietary Names for Pharmaceutical Substances (INN) are published in WHO Drug Information. Since 1953, WHO has provided reference generic names for over 10,000 medicines. The INN programme aims to define a single distinctive standard name for each pharmaceutical product, in order to facilitate communication worldwide and avoid confusion. The INN are used in prescribing, dispensing and labelling of medicinal products, and in drug regulation, as well as in scientific literature and pharmacopoeias.
WHO Model List of Essential Medicines

The *WHO Model List of Essential Medicines* has been published since 1977, when 212 medicines were listed, and has been updated by the Expert Committee every two years since then. The purpose of the list is to provide guidance on the medicines considered the most effective and safe to meet the most important needs of health systems. The medicines are presented in a minimal core list of the most effective, safe and cost-effective for priority conditions, and in a second complementary list of medicines for priority conditions that require specialized diagnostic facilities and/or medical care. The medicines are grouped in categories of medical conditions and applications, including those for treatment of specific disorders, and others such as anaesthetics for use in medical interventions.

The 21\textsuperscript{st} edition was published in 2019, listing 433 medicines grouped in 29 categories. A separate list for children up to 12 years of age was created in 1970 and is now in its 7\textsuperscript{th} edition. Many countries develop their national lists of essential medicines on the basis of the WHO model lists.

A new electronic version was launched in early 2020, providing free access to the online database, and facilitating the creation of customized lists.

International Pharmacopoeia

The *International Pharmacopoeia* was first published in 1951, but its history dates back to 1874 when the need to standardize terminology and to specify the composition and dosages of medicines led to preparation of the first international compendium. The Secretariat and the Committee which later became the Expert Committee on Specifications for Pharmaceutical Preparations were established at the first WHA in 1948. The Pharmacopoeia defines standard quality control specifications for medicines, aiming to facilitate access to safe efficacious medicines worldwide, and to support the regulatory authorities of Member States and those wishing to introduce national legal pharmaceutical requirements.

The Pharmacopoeia gives priority to medicines included in the *WHO Model List of Essential Medicines*, and to medicines evaluated by the WHO Medicines Prequalification Programme for which standard quality control specifications are essential. Priority is also given to medicines of importance in the disease-specific WHO programmes, such as those for treatment of malaria, tuberculosis and HIV/AIDS. The needs of low- and middle-income countries have received increased attention in recent years, and dosage forms for children have been introduced. The Pharmacopoeia is updated periodically, with the 9\textsuperscript{th} edition published in 2019. Since 2015 publication has been online only.

Technical Report Series

The *Technical Report Series* (TRS) has, since 1948, published the findings and recommendations of WHO Expert Committees and other international groups on a broad range of subjects of medical and public health importance. By early 2020, the number of TRS editions had reached 1023. Many of the reports concern pharmaceutical and biological products for use in disease prevention and control. Others review the needs for research on methods and products to control specific diseases, such as the neglected tropical diseases.

Several of the WHO Expert Committees meet regularly or periodically and their reports appear frequently in the TRS. Important examples are the Expert Committee on Biological Standardization (69\textsuperscript{th} report published in 2019, TRS 1016) and the
Expert Committee on Specifications for Pharmaceutical Preparations (53rd report published in 2019, TRS 1019). Both of these Committees were established in 1948 to carry on and expand work which had been initiated by the League of Nations in 1920, i.e. the development of norms, standards, reference materials and guidelines to ensure the quality of medicines, biologicals, and relevant technologies. The TRS publications are available in print and online.

**International Health Regulations**

The *International Health Regulations* (IHR) are designed to prevent the international spread of disease without unnecessary interference with international travel and trade. They are legally binding in international law, the first of only two such WHO legal instruments.

The IHR were preceded by the *International Sanitary Regulations* which were established in 1851, at a time when cholera epidemics in Europe were a major concern and an international response was needed. These Regulations were adopted by the WHA in 1951, then revised, consolidated, and renamed (in English) in 1969. The notifiable diseases (subject to quarantine) were then cholera, plague, smallpox and yellow fever. In subsequent amendments to the IHR (1969), the requirement for an international certificate of vaccination was removed for cholera in 1973 and for smallpox in 1981. The specific provisions of the IHR cover many aspects of international disease prevention and control, and stipulate the responsibilities of national and international authorities.

Because of rapidly increasing international travel and trade which facilitate the transmission of infections, as well as public health risks due to the emergence and re-emergence of important infectious agents, in 1995 the WHA called for a substantial revision, to adapt and strengthen the mandate of the IHR. After ten years of extensive international consultation, the new version was approved in 2005.

The IHR (2005) entered into force in 2007, introducing a wide range of innovations, in particular broadening the scope of notifiable diseases to include any medical condition that could present a significant international health threat, and specifying the criteria and procedure for declaration of a “public health emergency of international concern”. Since 2007, six such declarations have been made, of which the first was the influenza A(H1N1) pandemic in 2009 and the most recent being the COVID-19 epidemic, declared in January 2020 (subsequently classified as pandemic). Another interesting provision introduced in the IHR (2005) is the requirement for
“full respect for the dignity, human rights and fundamental freedom of persons”.

In view of strong evidence that a single dose of yellow fever vaccine confers life-long protection, the requirement for a booster dose was removed in 2014. A model International Certificate of Vaccination or Prophylaxis (as renamed in 2007) is included in the IHR (2005). Information on vaccine requirements and other health guidance for travellers can be found on the WHO International Travel and Health webpage.

Ten years after entry into force, experience with implementation of the IHR (2005) was reviewed in 2017 and considered in three articles published in the WER. It was concluded that application of the IHR (2005) had been effective in reducing the global impact of public health threats and emergencies, but that more needed to be done to make the IHR better known and to encourage compliance, and that implementation needed improvement, particularly the rapidity of notification of disease outbreaks.

For all of the publications visited in this article, and many others, WHO calls upon international experts worldwide to contribute their special expertise, to ensure that the contents provide accurate up-to-date information, and guidance based on sound scientific evidence. The longevity of these publications testifies to their value for those involved in national health policy matters and the broader medical and scientific communities. Nowadays online versions make them available to much wider audiences than could be reached in the past. We wish them long-running continuation.

Lindsay Martinez

---

1 The web edition includes full size reproductions of some of the most historic documents featured in the article (from page 37).

---

**COFFEES/LUNCHES IN THE GENEVA AREA**

**Monthly get-togethers of former UN family staff**

Readers may have noted in the January issue of the Quarterly News the reminders about these monthly lunch and coffee gatherings.

**Nyon coffee group**

Normally, the group meets for coffee between 10.00 and 12.00 at the tearoom Le Cham’, 2 route de St-Cergue, behind Nyon station and facing the post office. The remaining dates for 2020 can be found in the January QNT 118.

Once a year the participants at the coffee mornings arrange to hold a lunch instead. Thirteen of us enjoyed a relaxing lunch at La Puccia in Nyon on 6 March, five of whom are former WHO staff. A few people came from Geneva, so it is not just for those living in the Nyon area – everyone is welcome, come along for a coffee morning and maybe also join the annual lunch.

*Photos by Sue Block Tyrrell of the participants at both of these lunches can be found on the back cover.*
What is happening to the Pension Fund?

There is some news from the Fund – some of it a little disturbing. In the last three years, there have been many changes in the management of the Fund and its investments. First, the Chief Executive of the Fund left in 2018 after being accused of being non-transparent and over-reaching his authority. The SG appointed an acting Chief Executive – Janice Dunn Lee of the USA – who was a DDG in IAEA, and who instituted major managerial changes in the Fund. She transferred two senior posts from the Geneva office to New York just before her replacement officially took over. Ms Lee claimed it was her managerial prerogative to do so.

Ms Rosemarie McClean from Canada – the new Chief Executive of Pension Administration (CEPA) – assumed her responsibilities in January 2020. The SG's Representative for investments of the Fund – Sudhir Rajkumar – has left after suddenly resigning from his job at the end of March 2020. The current UN Director of Finance – Pedro Antonio Guazo Alonso – has taken over the job in an acting capacity.

Let us now discuss each item. Ms Lee, the acting Chief Executive after the resignation of Mr Arvizu did not have any experience in pension matters but instituted managerial changes just before her successor was formally in place. Ms McClean has considerable pension experiences in Canada and was appointed by the SG after the Pension Board recommended her for the job. She has inherited the functions of Chief Executive at a critical moment – the advent of COVID-19 pandemic. It is not known why Mr Rajkumar, in charge of the investments of the Fund, resigned but apparently there were differences of opinion between him and the participants' representatives of the UN.

Mr Rajkumar was pushing for greater diversification of investments of the Fund in developing countries which was not to the liking of the UN Staff Council. He resigned abruptly and a terse statement from the SG accepting his resignation was all that was known.

PassBlue, an independent journal reporting on UN matters, reported on 28th April the resignation of Mr Rajkumar.


It claims that he had compromised the investment policies and was authoritarian in his dealings with his staff. Whatever the merits of these accusations, the PassBlue article is full of factual inaccuracies. For instance, they claim that the position of the previously called CEO of the Fund has now been split into two – the Chief of Investments and Secretary of the Pension Board. In effect, these two positions were always separate and the only change was that the CEO's dual function as Secretary of the Board has been split off.

The major concern that many retirees may have is the level of the investments of the Fund when the global financial market is in a downspin due to the lockdowns of COVID-19. The Fund's reserves had a very high 18% increase in 2019 due to stock markets performing very well. The assets of the Fund rose to USD 72 billion at the end of 2019 but have since decreased by around 10%. However, these are not actual losses but paper losses only and may be recovered in the future. The SG has written to all participants and beneficiaries to this effect.

The Chief Executive, Ms McClean, has written to the beneficiaries that their benefits are in no danger since the Fund has ample reserves and much of its benefit payments – about 97% – are covered by new inflows from participants. One can look at the historical growth of the assets of the Fund by accessing the Fund's website (https://oim.unjspf.org/)

From the viewpoint of beneficiaries, or current retirees, there is little to worry about at this moment but the future of the world’s economy is uncertain. Will the crisis lead to a major recession or is it merely a blip in the financial well-being of the world? The nature of politics may also change – the rising inequalities among populations may not
be acceptable to those who are suffering most from the lockdowns. The relations between countries may also change. In this period of uncertainty, it is speculative to predict what will happen to our pensions.

On a completely different note, all retirees are supposed to fill out a Certificate of Entitlement (CE) every year certifying that they are alive and resident at the address given to the Fund. Due to various reasons some CEs, which are normally mailed at the end of May, have not been received back by the Fund. A reminder is sent and, in the absence of a response, the pensions are suspended at the end of May the following year. However, the Fund now shares the list of non-responders with retirees’ associations including AFSM. The Committee members of AFSM in Geneva, and our Regional focal points in sister associations, all did a sterling job in tracing the “non-responders”.

This year, the CEs will be mailed out at the end of June, so please ensure that you return the signed form or have it forwarded to you if you are not currently residing at your given address.

Dev Ray

AFSM IN LOCKDOWN

What your Committee did during confinement – Business as usual (well, almost).

It is mid-March; our working habits are suddenly shaken up. In line with the confinement of whole populations, most of the WHO staff – and those of the United Nations in Geneva and New York – work from home in difficult circumstances. Access to our office and computer is impossible, the Tuesday open-door permanences suspended. Fortunately, two of us are able to access from home the emails you send to our AFSM address.

More than ever, we have continued to monitor the information coming from the Pension Fund and have transmitted their messages to you. Staff from the Pension Fund and the WHO Pension Unit continued to help us resolve the issue of retirees whose 2019 Certificate of Entitlement had not been received. At the end of the month our pensions were received on schedule, for which we thank the Pension Fund. A comprehensive article on the Pension Fund by Dev Ray is published above.

We have almost daily contact with the secretariat of the Staff Health Insurance (SHI). Reimbursements by SHI-Online appear not to have been delayed by the crisis. SHI has provided us with complete information
on the Federal restrictions introduced to limit access to healthcare in Switzerland by non-residents, and it has been forwarded to you.

We were able to respond to your individual requests and even succeeded, at a time when interpersonal communications were almost at a standstill, in putting two former staff – living on different continents – in touch with each other.

We had to master holding our committee meetings by video-conferencing. A steep learning curve.

We have sent messages of support to the Director-General and his team and we forwarded to you the request from Headquarters for volunteers to help virtually in the fight against COVID-19. Our colleague Kalula Kalambay, responsible for the AFSM-AFRO former staff network, “Retired but not tired”, created a WhatsApp group which relayed our request. We do not yet know how many retirees have been selected.

The April Quarterly News (No 119), although printed, could not be mailed but we managed to get it to many of you electronically without delay. We are not sure yet how this present issue will be distributed.

All of this was only possible using the internet. We regret that we are unable to communicate electronically with members who have not yet provided their email addresses.

The AFSM Executive Committee and the Editorial Board of the Quarterly News

NEWS FROM WHO

Highlights of news from WHO

• Dominating the WHO agenda remains the response to COVID-19 – here is a link if you would like to receive a weekly digital update – https://confirmsubscription.com/h/d/F6276017D02D4F93. News on COVID-19 changes daily and even several times a day, therefore the points below cover mainly other issues: see also the separate articles on the One World: Together at Home concert, the Walk the Talk event and the virtual World Health Assembly/Executive Board.

• On 13 March, WHO, the UN Foundation and the Swiss Philanthropy Foundation launched the first-of-its-kind COVID-19 Solidarity Response Fund, hosted by the two latter Foundations in the USA and Switzerland respectively, to support the work of WHO and partners to help countries respond to the COVID-19 pandemic. This Response Fund was launched pending the legal establishment of the WHO Foundation on 12 May, the 200th anniversary of the birth of Florence Nightingale. The WHO Foundation is legally independent from WHO and it will work responsibly with individual donors, the general public and corporate partners to help fund the activities included in WHO’s General Programme of Work. Further information can be found at www.whofoundationproject.org – online giving is already active, both for WHO’s general activities or specifically for the response to COVID-19.

• The report by WHO, in partnership with the International Council of Nurses and Nursing Now, on the State of the World’s Nursing 2020 was launched on World Health Day on 7 April. On the occasion of World Health Day, Her Majesty Queen Elizabeth II, issued a statement “I want to thank all those working in the healthcare profession for your selfless commitment and diligence”, and whose “dedication … in these most challenging of circumstances, is an example to us all”.

• On 24 April, WHO, the President of France, the President of the European Commission and the Bill & Melinda Gates Foundation co-hosted a virtual event, joined by the UN Secretary-General, the African Union Commission Chairperson, the G20 President and many heads of state and global health leaders, to make an unprecedented commitment to work together to accelerate the development and production of new vaccines, tests and treatments for COVID-19 and assure
equitable access worldwide. The initiative is named the Access to COVID-19 Tools (ACT) Accelerator. On 4 May an online pledging event was hosted by the European Commission and world leaders from 40 countries came together to pledge some 8 billion EUR.

- On 1 May, WHO signed a Memorandum of Understanding with the European Investment Bank to strengthen public health, the supply of essential equipment and provide training in countries most vulnerable to COVID-19.

- This year, Hand Hygiene Day celebrated yearly on 5 May, has a special significance for us all. The campaign theme this year “SAVE LIVES: Clean your hands” is aligned with the Year of the Nurse and the Midwife and aims to recognize nurses and midwives as frontline heroes who deserve acknowledgement and appreciation, and highlight their critical roles in infection prevention. International Nurses Day was celebrated on 12 May, with an appropriate theme chosen well before the start of the pandemic – “Nursing the World to Health”. See also the article on the legacy of Philippe Semmelweis on the importance of hand washing.

- For its inaugural Health for All Film Festival, WHO received 1265 entries from 119 countries. The festival aims to put story-telling power into the hands of film-makers and seeks to showcase the role of individuals and communities as champions for health and well-being. The winners were announced during a virtual awards ceremony on 12 May and details can be found through the following link – https://www.who.int/news-room/campaigns/the-health-for-all-film-festival/award-winners. Award evenings are currently scheduled to take place in Geneva from 22–24 October 2020.

- On 8 May, WHO celebrated the 40th anniversary of the official endorsement by the World Health Assembly of the eradication of smallpox.

A smallpox commemorative postal stamp, developed by the UN Postal Administration (UNPA) in collaboration with WHO, was unveiled by Dr Tedros to recognize the global solidarity that drove the initiative and to honour the efforts of the health workers who ensured its success. The stamp can be purchased at https://unstamps.org/ and can be used to mail postcards and letters around the world, provided they are sent from UN offices in New York, Geneva or Vienna. Some other countries have also issued smallpox stamps. At the virtual event, the DG commented “As the world confronts the COVID-19 pandemic, humanity’s victory over smallpox is a reminder of what is possible when nations come together to fight a common health threat”.

- On 16 May, WHO launched the WHO Academy app designed to support health workers during COVID-19, and the WHO Info app designed to inform the general public. The applications can be downloaded for free from both the Apple App Store and the Google Play Store – iPhone or android phone or tablet. More information on the WHO Academy can be found at https://www.who.int/about/who-academy/.

- Also on 16 May, WHO and the International Olympic Committee signed an agreement to work together to promote health through sport and physical activity. Globally, WHO estimates that 1 in 4 adults are not active enough and more than 80% of the world’s adolescent population is insufficiently physically active. The new partnership will bring together the sports and health sectors at all levels to reach the global goal of increasing physical activity by 15%, as set out in the Global Action Plan on Physical Activity.
• On 21 May, **some staff at HQ began returning to the office**, initially only in the main building – others will return in several phases over several months. At the time of writing, your AFSM team continues to work remotely.

• Also on 21 May, the Smithsonian Science Education Center, in collaboration with WHO and the InterAcademy Partnership of 140 national academies of science, engineering and medicine, launched a “**COVID-19! How can I protect myself and others?**” guide aimed at children and young people aged 8–17 years.

• On the same day, WHO and UNHCR signed a new agreement to **strengthen and advance public health services for the millions of forcibly displaced people around the world**: the agreement updates and expands an existing 1997 agreement between the two organizations.

• On 27 May, WHO, the UN Foundation and Illumination (one of the entertainment industry’s leading producers of event-animated films) partnered to launch a **Public Service Announcement (PSA)** that focuses on lifesaving behaviours to help mitigate the impacts of COVID-19, featuring Illumination’s globally beloved characters **Gru and the Minions**. The PSA will be localized into multiple languages – see [https://www.youtube.com/watch?v=DYkIKU_PcBc&feature=youtu.be](https://www.youtube.com/watch?v=DYkIKU_PcBc&feature=youtu.be).

• **World No Tobacco Day** was celebrated on 31 May. The aim this year is to highlight the tactics employed by the tobacco industry to attract younger generations, to provide a counter-marketing campaign and empower young people to detect and rebuff such tactics.

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

*Sue Block Tyrrell*

---

**Virtual Walk the Talk**

The third Walk the Talk was held virtually on Saturday and Sunday 16 and 17 May. We hope that many AFSM members took part – we would welcome information from you on your activity, together with a photo! Activities began in WPRO in Manila in the morning of Saturday 16th, continuing at noon in EURO in Copenhagen, followed by AFRO in Brazzaville in the early afternoon and then AMRO in Washington DC. On Sunday 17th, activities began in EMRO in Cairo early morning, followed by SEARO in New Delhi and finally HQ in Geneva. The activities can be watched on YouTube. In Geneva, the 5½-hour programme included opening and closing statements by the Director-General, statements by other dignitaries, interactive physical activities including for people in wheelchairs, advice, songs and even cooking demonstrations. It was an amazing programme. About half of your ExCom/Editorial Board members participated by walking between 4 and 12 km each. Let’s hope that the fourth Walk the Talk in 2021 can get back to a normal gathering, but many people liked the virtual opportunity to take part, so perhaps next year there will be both.

**Virtual Governing Body Meetings**

This historic **Seventy-third World Health Assembly** took place on 18 and 19 May. The usual multitude of delegates appeared in the list of participants, but only a handful of people were actually present in the Executive Board room, one of whom was the elected President Ms Keva Bain, Ambassador and Permanent Representative of the Bahamas to the United Nations Office and other International Organizations in Geneva. The amazing technology used for the Assembly and the Executive Board was *Interprefy* and for most of the time it worked extremely well, with some juggling of delegates who could not get on line at the time when they were called to take the floor. The platform supports around 300 speakers (able to raise their hand and take the floor) and 2000 viewers (able to follow the session but unable to take the floor). Both written and verbal statements by delegations are posted on the WHO website. The first day stretched over very long hours from noon on Monday 18 May through
to 01.30 in the early morning of Tuesday 19 May; the second day was much shorter from 12.30–16.00. Special procedures were adopted to regulate the conduct of virtual de minimis meetings of the Assembly.

Following a statement by the President of the Swiss Confederation as representative of the host country, and a statement by the UN Secretary-General, several heads of state spoke at the opening: the President of France; the President of the People’s Republic of China who pledged USD 2 billion over 2 years to help with the COVID-19 response, and with economic and social development in affected countries, especially developing countries; the Chancellor of Germany; the President of South Africa; the President of South Korea; and the Prime Minister of Barbados. Needless to say, the abridged agenda focused on COVID-19. Regarding the proposal for a supplementary agenda item “Inviting Taiwan to participate in the World Health Assembly as an observer”, it was considered that this matter should first be considered by the General Committee at the resumed session of the Assembly to be convened later in the year.

The Director-General started his opening remarks with a standing tribute to nurses and midwives, and all health workers, who have been on the frontline saving lives, and he ended with a powerful call for solidarity – “there is no other way forward but together”. Later in the session, messages were given from the six WHO Regional Directors.

Most of the discussions focused on the response to COVID-19 and the session culminated in the adoption by consensus of a resolution co-sponsored by more than 130 countries. It calls, inter alia, for the intensification of efforts to control the pandemic, through intensified cooperation and collaboration at all levels, and for equitable access to and fair distribution of all essential health technologies and products to combat the virus, recognizing the role of extensive immunization against COVID-19 as a global public good. It also calls for an independent and comprehensive evaluation of the global response, including, but not limited to, WHO’s performance. The full text of the resolution can be found on the WHO website – https://apps.who.int/gb/ebwha/pdf_files/WHA73/A73_R1-en.pdf. The consistent message throughout the two-day session was that global unity is the most powerful tool to combat the outbreak.

At the closing session, the Director-General (who was wearing a colourful blue shirt given to him during his visit to Tonga last year), dedicated his speech to the choir of nurses and midwives who had welcomed him to Tonga: that choir had been invited to attend the Assembly to mark the International Year of the Nurse and the Midwife but, unfortunately, COVID-19 had deprived everyone of that privilege. Dr Tedros thanked Member States for adopting the resolution and pledged to initiate the evaluation at the earliest
appropriate moment. He welcomed any initiative to strengthen global health security and to strengthen WHO. He thanked the many Member States who had expressed their support and solidarity at this Assembly and throughout the pandemic and re-emphasized WHO’s focus on fighting the pandemic with every tool at the Organization’s disposal.

Dr Tedros also thanked the members of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme for their continuous work and, in particular, for their report on WHO’s response to COVID-19 which had been published on 18 May, covering from January—April 2020. The DG pledged WHO’s continuing efforts to combat COVID-19 which “has robbed us of people we love; robbed us of lives and livelihoods; shaken the foundations of our world; threatens to tear at the fabric of international cooperation; but it has also reminded us that for all our differences, we are one human race, and we are stronger together; let our shared humanity be the antidote to our shared threat.”

Further information and documentation, including the speeches by the Director-General, can be found on the WHO website.

ASTRONOMY

The skies for July—December 2020

If you keep an eye on the evening skies during the rest of 2020 you can witness with your own eyes the march of the planets as they orbit the Sun. Even the most casual stargazer will notice in the evening sky that there are two bright objects – actually, the planets Jupiter and Saturn – quite close to each other along the line of sight as seen from Earth. They will in fact be closer this year than at any time since 1623 and the next time they will be close will be in 2417!

No two fixed stars are this bright or this close, so they will be very obvious, particularly from the northern hemisphere where they will be hanging quite low over the southern horizon. From the southern hemisphere they are almost overhead, so are also easy to spot.

In July, the pair are rising on the other side of the sky from the sunset, Jupiter being the brighter and whiter and to the west of yellower Saturn. Even a small telescope will show you the disc of Jupiter and the rings of Saturn, so you can verify this for yourself.

As the months progress, you will see Jupiter close in on Saturn, and the pair get higher in the sky. By September, Mars will have joined in, reddish and well over to the east. In October Mars will be at its closest to Earth for two years, and shining like a brilliant ruby in mid sky. Then by 21 December, now in the western sky, Jupiter will have caught up with Saturn and the two will be side by side and visible in the same field of view of a telescope, something that happens only every 20 years.

For more information about astronomy, please go to www.popastro.com.

Article kindly provided by the British Society for Popular Astronomy
MEET THE ARTIST

Rice paste and soy beans powder

As part of the WHO Art Gallery project, the organizers arranged a series of lunchtime sessions “Meet the Artist”, I was invited to present my Japanese Folk Textile Dyeing at WHO Headquarters on 11 February. This gave me the opportunity to meet former colleagues, some of whom I had not seen for decades, as well as many serving staff members interested in this subject.

In the 1980’s, while preparing for my PhD in Medical Sciences in Japan, I was also attending a Katazome atelier regularly. Once retired in 2016, I returned to the atelier to continue with Katazome and at the same time I am now preparing for a PhD in Art and Cultural Heritage.

I specialize in Somemono, and more specifically in Katazome, which is basically a folk textile dyeing technique, in which designs are converted into patterns that are repeat-applied to the tissue, to create the composition. Generally, these compositions will be made into a kimono, or kimono sash (obi). A pattern can also be created using a large design that is applied just once to the tissue to create the single motive of a noren, a Japanese curtain, or a furoshiki, a dyed cloth used to wrap luxury gifts, usually square, and in various sizes depending on the object to be wrapped.

The atelier I attend adheres strictly to the many-centuries-old traditional Okinawa-technique of folk textile dyeing. We use only natural products (rice paste and soy beans powder) to fix the patterns and mineral colours, aligning ourselves to the cycle of nature and its seasons, since temperature, humidity, and sunlight are all important elements in the dyeing process.

The world of Katazome is, in my opinion, simultaneously eternal and ephemeral. Eternal, because it is part of the cultural heritage and national identity of Japanese people. Ephemeral, because the traditional products (kimono, obi, noren, furoshiki) are becoming a symbol of a nostalgic elite, and because the traditional Katazome technique is labour-intensive and time-consuming, unable to compete with industrial textile dyeing.

My research includes initiatives across Japan to preserve traditional Katazome by making it more sustainable, culturally and economically. These include making it more widely known, teaching Katazome to younger generations, documenting the life of craftspeople through oral history and cataloguing their work, and finding new commercial niches for these products.

I am particularly interested in initiatives elsewhere that could become worthy options for Katazome in Japan. If you are aware of any such initiatives, please let me know at mastamaria@hotmail.com.

Maria Santamaria

1 See Quarterly News No. 118 January 2020.

The author worked in WHO as a medical officer from 1989–2016 in several departments including the Office of the Director-General, Health and Emergencies, Epidemic Preparedness and Response, and Internal Oversight Services. A Kimono made from one of her Katazome is shown on the inside back cover.

Further examples of the author’s work can be viewed at https://maria-santamaria.art/
PUBLIC HEALTH IN THE TIME OF COVID-19

Two former WHO staff members have shared with us their accounts of Dr Semmelweis, the pioneer of the benefits of hand-washing.

The legacy of Philippe Ignace Semmelweis

In these times of the coronavirus pandemic – where hand-washing occupies a prominent place in the preventive measures against COVID-19 – we are reminded of Philippe Ignace Semmelweis, a Hungarian physician, the pioneer of hand-washing (1818–1865).

Ignace Semmelweis had observed that a disproportionate number of pregnant women were dying in hospitals of puerperal fever during childbirth. Later he determined that these infections were linked to the soiled hands of the doctors. First, he recommended washing hands with soap and water, then he recommended washing with a solution of calcium hypochlorite. However, instead of being listened to by his colleagues, he was harassed to the point of losing his mind.

However, Ignace Semmelweis' contribution to public health goes beyond hand-washing. His contribution is the lesson in professionalism he leaves us. The passion, the dedication of a doctor to his profession. Perseverance and resilience to fight in the name of public health, for his convictions and for a truth that all of his colleagues refused to admit despite the evidence.

History does not tell us the reasons why the scientific community of the time turned its back on the finding and refused to examine the evidence.

Professional jealousy, ego, lack of vision and expertise, fear of being outclassed by another physician? Only five people had the courage to support Semmelweis, records Louis-Ferdinand Céline in his medical thesis.

The Semmelweis story resonates with that of the many whistleblowers of modern times, who have sacrificed their careers and even their lives in the name of the public interest by exposing essential information. But who, like Ignace Semmelweis, have been ostracized and their alerts sometimes exploited at their expense, sometimes ignored.

May the story of his life protect us from harm, inspire integrity, and scientific ethics, and improve the fate of whistleblowers.

Yasmine Motarjemi

The author, Yasmine Motarjemi, PhD, is a public health advocate and former WHO senior scientist; she worked in the WHO Programme of Food Safety from 1990 to 2000. She lives in Nyon, Switzerland. This article is an extract from an editorial published under the same title in the on-line journal Infoméduse www.infomeduse.ch 25 April 2020.


Epidemiology of hand-washing and the struggle of Semmelweis

by Hiko Tamashiro


In two parts, the first embraces: Infectious diseases and hand-washing; The tragedy of puerperal fever; The struggle of Semmelweis. The second part deals with: Hand-washing in the globalized world; What is epidemiology; A new development in epidemiology taking lessons from Semmelweis.

This well-written book instantly engages readers in the author’s world through the story of Semmelweis and hand-washing prior to the age of microbiology.
Dr Ignaz Philipp Semmelweis honoured on stamps, coins and in engravings
Reflections in lockdown

Well, here I am shut in my little world bubble,
Trying to keep well, stay safe, out of trouble,
In “confinement” – now a daily used word, unlike before
When reserved for ladies giving birth, in novels of yore.

Outside of my bubble, life has changed, all is closed, such a cost,
Most people teleworking from home, others have jobs lost.
So, how do I feel, lonely? anxious? panicky? or what?
Will my food order go through, find a delivery slot?
And when it comes, I face the disinfectant stress
For the fresh items, quarantine the rest, what a mess!

It is hard to believe what I hear and see on the news,
Conflicting messages, no-one really knows, different views
On what to do for the best, will we get a vaccine
To enable our lives to resume, get back in routine?

The days, weeks pass by, all blur into one,
But those “rainy day” jobs, I don’t get them done.
How lucky I am, able to take walks, have this chance,
Unlike my friends across closed borders in France.
On my walks I park the news, admire nature’s daily changing
In the gardens and fields, watch the birds nest arranging,
Keeping my social distance, and controlling my wrath
When the cyclists claim priority, monopolize the footpath.
Few planes do I see and hear overhead in the sky,
Just the birdsong, branches blowing in the wind as I pass by.
My “world” is so calm, quiet, few cars on the road
Compared to the local hospital, trying to cope with the load
Of the sick and the dying, true to its cause,
All we can do to support is our nightly applause.
Contacts with friends are confined to virtual for now,
Messages, video clips, zooms etc. just grow and grow
Daily, give me comfort but also make me stressed,
Overload my systems, put my technology to the test.
But what benefits lie in this surreal Covid situation?
Waters and skies are cleaner with much less pollution,
Planet Earth gets a rest, but how long will that last?
Will the “climate change” laws get finally passed?
Cases of kindness are many, volunteers abound,
But will the world have learned lessons and turn life around?
What will our future be like? for now it’s all a mystery,
Unwelcome, but amazing to live through this special moment of history.

*Sue Block Tyrrell*
READERS’ LETTERS

Defending WHO under attack – once again

US President Trump and his allies are on the attack, threatening to punish WHO for “colluding with” the Chinese Communist Party and supposedly delaying the global response to the coronavirus pandemic. I’m fighting back through Facebook posts, emails to friends, and letters to the New York Times (published on 15 April 2020). The attacks aren’t just hypocritical – the deflecting pot calls the kettle black! – they’re dangerous. Primum non nocere. Is now the time to weaken WHO when Ebola is still unvanquished and the coronavirus has yet to impact large swathes of south Asia, South America and Africa?

We’ve fought back before. In the late 1980s, US officials from the Ronald Reagan administration were streaming into the office of Dr. Joshua Cohen (Dr. Halfdan Mahler’s éminence grise) to gripe. What were Americans getting in return for their money? In one of the better decisions of his career, Dr. Cohen opted to fight back by producing a short publication that would highlight the benefits of WHO membership for rich and poor countries alike. All WHO HQ programs were asked to contribute their best arguments for inclusion. Publications, my department, tasked me with writing the book, though I was still technically an editor (I would later work as a writer for GPA and then UNAIDS).

In due course the huge file with HQ program contributions landed on my desk. One of them looked strangely familiar. It started “WHO is the organization whose ‘neutral umbrella’ makes it politically possible for countries of differing economic status and ideological outlook to combat together the scourges of humanity.” With a shock of recognition, I realized the whole text had been taken verbatim from my statement to the WHO Executive Board on behalf of the HQ Staff Association!

It took many months of library research and multiple interviews with serving and retired WHO staff, but the 44-page glossy-green book called Four Decades of Achievement was finally published in May 1988 with a preface signed by Dr. Mahler – just as Dr. Hiroshi Nakajima was taking over as the new Director-General. Did this impede the book’s distribution? I wonder to this day.

Suzanne Cherney

Regional WHO Publications

In the 1960’s within the Regions there was a clear need for WHO publications at lower costs. The prices of publications from Geneva at that time, when converted into the local currencies of newly emerging countries, were astronomically high, and books were not the highest priority for competing demands on the meagre foreign resources of these countries.

So, it was decided that the Regional Offices would publish books locally on topics of priority interest for their regions. The cost of these publications could be paid in local currency.

SEARO was the first, after PAHO, to seize the initiative. However, by that time PAHO had created their own publications programme. SEARO decided then that because of the high infant and maternal mortality rates in the countries of the Region, publications on the topic should be given priority. Thus was born the Manual of Paediatrics, compiled and edited by Dr Pinchas Robinson, the then Regional Adviser on MCH in SEARO. When the book was first published it became a huge success within a few months, judging by the sales figures.
Another publication, I would call it a booklet, was the Notes for the Practising Midwife. This title went on to print millions of copies, and was translated into various local languages. The last I heard was that WHO had granted the copyright to local publishers. This was another success story of the programme. There were many other publications issued by SEARO under the aegis of this programme.

I wonder whether the programme has survived the changes in WHO? Being far from the SEARO Library and without documentation to refer to, I have compiled these few lines from memory.

Perhaps other readers can enlighten us.

J V Perumal

My yearly contribution to the Quarterly News

My sincere greetings to you and all AFSM members and their families, praying to God to provide you all with good health and to protect you from Corona virus. I did manage to transfer towards the end of 2019 my yearly contribution as support to our Quarterly News, but regret to inform you that due to the Lebanese banking financial situation, it was not possible to transfer the amount to AFSM account in Geneva (not even allowed to transfer a single USD.) As soon as banks permit the transfer, I shall not hesitate to transfer my usual annual contribution.

Best regards and good wishes to all colleagues.

Dr Khaled Mneimne

Dear Dr Mneimne, We are delighted to hear from you in these difficult times, particularly for Lebanon which is not spared by political and economic turmoil as well as by emerging health problems. Not to worry at all about the money. Your kind thoughts are much more valuable to us.

Our Association tries to work and keep in touch with our members but it is not so easy because, like most WHO staff in Geneva, we have no access to our office and we operate from home.

Please accept our warmest wishes,

Jean-Paul Menu

NEW MEMBERS

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

**New Life Members**
Margot Geesink

**Conversion to Life members**

**New Annual Members**
Beverley Conway
A VIRTUAL CONCERT ORGANIZED FOR WHO

One World: Together at Home Concert

We hope that members received our message inviting them to tune into this amazing 8-hour virtual concert streamed by Global Citizen in collaboration with WHO on 18 April. If you missed it, you can enjoy it through the following link – https://www.youtube.com/watch?v=ALbKo6pnWmk

It was indeed very special, curated by Lady Gaga, with its mix of input from musicians, celebrities, politicians, philanthropists and very touching messages from those at the frontline treating the sick and the dying from COVID-19, all taking part voluntarily with the aim of supporting the frontline health workers and WHO.

Curious about finding out how WHO got involved in this special event, we approached Paul Garwood, Acting Head, Leadership and Internal Communications Unit at WHO/HQ, as the DG had mentioned that the concert was Paul’s idea. Indeed, in early March, Paul was on his way to the DG’s office with his boss, the Director of Communications, for a meeting on another subject, when the idea came to him. Needless to say, Dr Tedros welcomed the initiative and took it forward.

Paul told me that he got the idea because so many people’s lives have been turned upside down by the pandemic, many have to work from home and stay at home. WHO wants to be relevant and connect not just with governments but also with people. A concert like Live Aid in a virtual sense would bring welcome entertainment to people at home, show solidarity and capitalize on the goodwill and support offered to WHO by artists and the media. For example, some musicians have offered to re-release songs and/or to write new songs, the proceeds of which would go to the COVID-19 Solidarity Response Fund of WHO.

Dr Tedros rapidly contacted a WHO Goodwill Ambassador for Mental Health, Cynthia Germanotta, President of the Born This Way Foundation which she co-founded with her daughter Lady Gaga. Lady Gaga got very enthusiastic and brought Global Citizen on board. The latter is a movement of engaged citizens whose aim is to use their collective voice to end extreme poverty by 2030, through the holding of special events such as concerts and campaigns – for more information see their website www.globalcitizen.org.

The One World: Together at Home concert was set up very quickly through the vast networks of Global Citizen and Lady Gaga who played a leading role. The WHO team also made suggestions through their own contacts, such as with Annie Lennox, a well-known singer, songwriter and activist, and former member of the Eurythmics duo. It became a strong team to organize the concert.

The objectives of the concert were to promote the importance of solidarity, support to others and the sharing of advice, and many who spoke during the event expressed their support for WHO’s work. The concert certainly raised awareness of the Organization and highlighted the important work of the health responders. The aim was to promote fundraising from the private sector and philanthropists before the event, but not to directly ask the viewing public during the concert. The final amount pledged was USD 127 million, of which USD 55 million was for WHO.

The concert certainly achieved its objectives to promote solidarity and give credit to those working on the frontline, and it provided excellent entertainment for people around the world and made them feel happy. The concert is now in the Guinness World Records, setting records for (1) the most musical acts to perform at a remote music festival, and (2) for the most money raised for charity by a remote music festival. Well done to all concerned, especially to Paul for his idea and Lady Gaga for taking it forward with such enthusiasm.

Sue Block Tyrrell
News from around the world

AFSM-PAHO/AMRO: The Newsletter of March 2020 was recently published. The editorial by Gloria Coe explains in detail the importance to all WHO retirees covered by SHI, and not just those in PAHO, of the benefits from US-based retirees participating in Medicare. In closing the editorial, Gloria Coe asks the rhetorical question, why those who do not live in the US should care about this? and neatly sums up her response with the three major benefits to all of us. Worth reading if you harbour doubts on this matter. The editorial is followed by a detailed update on Staff Health Insurance and Pension issues by Carol Collado.

The issue continues with the series on Health tips. Gloria Coe completes the second part of Sugar: A sweet menace. Part Two covers the challenges of reducing added (hidden) sugar and it is well worth visiting the newsletter web site to read the article, see link below.

There is news from the Colombia Chapter by María Mercedes Rodríguez, and this is followed by the reprint of the January Quarterly News (QNT 118) articles on Breast cancer in men and HRT after the menopause by David Cohen.

The Newsletter concludes with a most readable account of decisions that life sometimes forces upon us in the article: A New Life Choice as an Older Adult, by Helena E. Restrepo.

A fascinating and informative edition which we recommend you to access online. The Newsletters can be read online in English at https://www.afsmpaho.com/newsletters and Spanish at https://www.afsmpaho.com/newsletters-spanish

Keith Wynn

WHO Retirees’ Representative in Scandinavia: A royal birthday, but this year without a party. An annual event in Denmark normally much enjoyed by Danes and expats alike – including former WHO staff – is the Queen’s birthday celebrations. And this year was to be special, because on 16 April the Danish Monarch, Her Majesty Queen Margrethe II celebrated her 80th birthday.

Numerous arrangements had been made for the Queen’s birthday celebrations, including invitations to Europe’s royal families to various social events at the royal family’s palace in Fredensborg, which incidentally comprises 400 rooms, so hospitality on a grand scale is quite possible!

When the Queen takes up summer residence in Fredensborg each spring (see photo), normally a torch procession is formed, made up of hundreds of people making their way up to the palace. It is a wonderful sight. This year, because of the virus outbreak, the Queen cancelled the procession and her formal birthday celebrations. We had become accustomed to female mounted police inspecting the surrounding park, some of whom even greeted us.

The Fredensborg Municipality is also home to a number of former WHO staff members, living in a complex of individual houses adjacent to the golf course. These homes were designed for families on long-term temporary stays in Denmark, such as diplomats. The work of Danish architect, Jørgen Utzon, famous for the Sydney Opera House, the houses were also available for those who have lived abroad for some years, returning home to a residence for which they may have applied 20 years or more ago; many of them are former UN staff, some of whom I know.

Jill Conway-Fell
**AFSM-Eastern Mediterranean: A tribute to all WHO staff and former staff.** Despite the difficult and strange times that we are all living through due to the COVID-19 pandemic, there is nevertheless a faint light at the end of the tunnel... Because this too is something WHO shall overcome.

It was reading the report of the 40th Anniversary of the Eradication of Smallpox (Quarterly News for January, QNT 119) that awakened happy and satisfying memories of our previous working relationships with WHO. Although many of us were not public-health experts – providing advice and guidance to Member States – we were supporting those experts in our different capacities, clerks, secretaries, technical officers and administrative assistants, etc. We all made valuable contributions, side by side with the respected experts and physicians, acting as one WHO family in securing and maintaining the health of the world’s population.

Looking back, even as the story continues to roll on, we should be proud to have assisted in so many achievements, such as WHO interventions in epidemics, natural and man-made disasters, and the eradication of a number of diseases, in addition to developing and strengthening the capacity-building of the health sector of many Member States.

We can be confident that the current staff members will continue our work with the same spirit of one WHO in achieving our goals and in holding our heads high, as already evidenced by the leading role WHO has taken in the current COVID-19 crisis. Every day we learn from the global and local news of the messages from Dr Tedros and the importance that the Director-General’s words carry. The containment of this pandemic continues at all Regional levels too. The Regional Director of EMRO is working closely with experts from WHO Headquarters in advising all Member States of the Region, including of course the WHO Representative for Egypt and the Government of Egypt through the Ministry of Health and Population. May all of them remain safe. It makes us proud to be called former WHO staff.

Incidentally, the Staff Health and Wellbeing Unit of EMRO – as a gesture of solidarity to retirees in Egypt, and in an effort to minimize infection – have provided a small preventive medical kit, containing face-masks, medical gowns, and hand and surface sanitizers.

_Sonia Miskjian_

**AFSM-SEAR:** The latest edition of _Aesculapian_ (January–April 2020) has been published. Commencing with a report of World Health Day events, this year celebrating the work of Nurses and Midwives. Dr Poonam Khetrapal Singh, RD, in her 7th April message reminded everyone that in the midst of the COVID-19 pandemic, without nurses there would be no response, and then praised nurses across the world for their exceptional commitment and resolve.

The issue went on to repeat useful advice to members on COVID-19, taken from the WHO website.

Shifting from the sombre COVID-19 news, the newsletter reported some good news about pensions. For retirees on the USD track the Cost of Living increase of 4.2% and for those on the Rupee track there is an increase of 14% due. This was followed by other news from UNJSPF, and a timely reminder to look out for the Certificate of Entitlement 2020, due to be sent out in early June this year. The editor reminds members that every pensioner should periodically log into their Member Self-Service account (MSS), [https://www.unjspf.org/member-self-service/](https://www.unjspf.org/member-self-service/).

The editor had the pleasurable task of informing readers that _Aesculapian_ had reached its 21st anniversary. A list of countries in the SEAR celebrating their National Days during January to April was followed by birthday greetings to AFSM members who had their birthdays in the same period.

The continued support of the Administration is gratefully acknowledged.

_Ashok Mitra_
AFSM-Africa: **AFRO Retired but not tired.** Former WHO staff in the time of the COVID-19 pandemic. This pandemic has been an opportunity for former WHO/AFRO staff to work together again, using a platform created on WhatsApp. Some 103 members, representing all categories of retired professionals from countries in the African region, have been reconnected. Our group has the following aims:

- Relay official WHO information on the fight against COVID-19. All the briefings of the DG and RD AFRO are uploaded regularly, including information materials for the training of health personnel and members of the community;
- Share information published in various scientific journals;
- Share experiences between countries, and serve as a platform to bring members together and overcome the solitude of some members who are in lockdown.

Among the experiences shared, colleagues from Algeria translated WHO technical documents into French. In Côte d'Ivoire, a parliamentary colleague initiated a fundraising campaign for COVID-19, to which all the parliamentarians of his country contributed 5% of their salaries; in the DRC a colleague made facemasks for the people in his community, etc. In terms of innovation, a colleague and member of GNU Health International, has just tested a set of health information and hospital management software packages in Cameroon, Gabon and Congo Brazza which could help in the surveillance of diseases including COVID-19.

AFSM-AFRO was launched in 2014, the WhatsApp platform “AFRO RETIRED BUT NOT TIRED” offers an opportunity to consolidate its foundation.

***Dr Solange Kouo Epa and Dr Stella Anyangwe***

**Recent publications by former staff of WHO/AFRO**

Published in January 2020 by Harmattan: *La recherche en santé humaine* by Professor Eben Moussi.

In French only, this is an uncompromising review of research in human health in the countries of the southern hemisphere. The author first analyzes the unique context of human health research in its different forms and the priority topics. It goes on to examine the basic ethics, the conceptual and operational framework, and the tripartite governance-partnership-funding, the issue of health research priorities and capacities, but also its evaluation, considered as the keystone of scientific policy. This is a timely review given the COVID-19 pandemic, with African states seeking home-grown solutions.

Published in French only in February 2020, by Editions l’Empreinte du passant: *Femme Racine* by Dr Kalula Kalambay.

A plea to end the ill-treatment of women.

This collection of intense poetic texts and of images – a writing that dazzles, a snapshot where the surprise of the poetic and pictorial tends to prolong the too brief sensation of the immediate – always lyrical, playing beautifully with rhythms, love, magic, freedom, in an apparent great simplicity of means and effects, from a poet with such dynamic language.

*Paul Dekayo*, poet and Africanist.

**Innovation: Defeat the beast.** Using the GNU Health Federation to help governments fight the COVID-19 Pandemic.

The World is experiencing an unprecedented crisis with the COVID-19 pandemic. As part of the global pandemic effort, the GNU Health team has begun developing an additional module for monitoring COVID-19.
We have successfully introduced this system in Cameroon – in the hospitals at Bafia, and Bikop – and at the International Centre for Medical Research in Franceville (Gabon). It will be rolled out in two hospitals in the Congo by June 2020.

The GNU Health Federation is a network made up of multiple diverse systems of health information and hospital management. The data generated can be transferred in real time to a central database. The principal functions include the management of the medical, administrative and financial services of each health establishment (management of hospitalized patients and out-patients, socio-economic evaluation, laboratory, diagnostic imaging, intensive care units, epidemiological statistics, visualization and georeferencing of data, pharmacy, accounting, etc.). GNU Health has won numerous awards worldwide.

Contact: Armand MPASS-NZOUMBA, ampassy@gnusolidario.org, https://www.gnuhealth.org

Our colleagues in AFSM-Manila have no major news to share with us at this time.

**AFSM CRUISE 2021**

**2020 cruise postponed to 2021**

Due to the COVID-19 pandemic this year’s AFSM cruise, on the Douro river in Portugal, has been postponed and will now take place from 9 to 16 April 2021.

The itinerary and conditions remain unchanged and all the participants for 2020 are automatically enrolled for next year. There are no extra places, however if anyone is interested in participating their name could be put on a waiting list in case of any cancellations.

Please contact Charles Hager on: c.hager@bluewin.ch

**SHI-ONLINE**

**Access to SHI-Online**

On April 22, the retired members of the WHO Staff Health Insurance (SHI) who had provided their email address to SHI were informed that access to SHI-Online had been interrupted due to a technical problem. They were assured that there had been no breach of data confidentiality.

These members were then informed by SHI on April 26 that the service had been restored but that it had become necessary to re-register using their email address instead of the previous ADS system. SHI’s email provided all the necessary step-by-step instructions.

We thank SHI and its team of IT specialists who not only quickly resolved the problem but also used the opportunity to introduce a simplified registration and log-on procedure.

Ann Van Hulle-Colbert and Jean-Paul Menu
IN MEMORIAM

Recent deaths\(^1\) of former WHO staff members as reported to AFSM

<table>
<thead>
<tr>
<th>Name</th>
<th>Survival Name</th>
<th>Death Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abi Jaoude</td>
<td>Therese</td>
<td>11.12.2019</td>
</tr>
<tr>
<td>Ali</td>
<td>Sheikh Hossain</td>
<td>03.03.2020</td>
</tr>
<tr>
<td>Baker</td>
<td>Selwyn</td>
<td>26.11.2019</td>
</tr>
<tr>
<td>Bangali</td>
<td>Md Abdul Mannan</td>
<td>19.12.2019</td>
</tr>
<tr>
<td>Bansal</td>
<td>Prem Kumar</td>
<td>14.01.2020</td>
</tr>
<tr>
<td>Battifora</td>
<td>Rosana</td>
<td>Not known</td>
</tr>
<tr>
<td>Berthe</td>
<td>Karim</td>
<td>23.08.2019</td>
</tr>
<tr>
<td>Bhuiyan</td>
<td>Md Joynal Abedin</td>
<td>24.03.2020</td>
</tr>
<tr>
<td>Canosa</td>
<td>Cipriano Antonio</td>
<td>04.02.2020</td>
</tr>
<tr>
<td>Choucri</td>
<td>Suzanne</td>
<td>18.01.2020</td>
</tr>
<tr>
<td>Das</td>
<td>Ananda Mohan</td>
<td>16.10.2019</td>
</tr>
<tr>
<td>Davis</td>
<td>Walter</td>
<td>04.01.2020</td>
</tr>
<tr>
<td>Dutta</td>
<td>Mahendra</td>
<td>17.02.2020</td>
</tr>
<tr>
<td>Espindola</td>
<td>Julio Javier</td>
<td>10.02.2020</td>
</tr>
<tr>
<td>Fuentes</td>
<td>Elvira</td>
<td>10.01.2019</td>
</tr>
<tr>
<td>Haileyesus</td>
<td>Fikru</td>
<td>24.08.2019</td>
</tr>
<tr>
<td>Han</td>
<td>Sang Tae</td>
<td>23.02.2020</td>
</tr>
<tr>
<td>Hassan Mohamed</td>
<td>Khalil El Sayed</td>
<td>18.12.2019</td>
</tr>
<tr>
<td>Howard</td>
<td>Maurice</td>
<td>13.01.2020</td>
</tr>
<tr>
<td>Htoo</td>
<td>Myo Thet</td>
<td>18.03.2020</td>
</tr>
<tr>
<td>Joukhadar</td>
<td>Abdulhalim</td>
<td>20.03.2020</td>
</tr>
<tr>
<td>Krishnan</td>
<td>Sampath Kumar</td>
<td>07.02.2020</td>
</tr>
<tr>
<td>Kwawu</td>
<td>Daniel K</td>
<td>03.02.2020</td>
</tr>
<tr>
<td>Lemaire</td>
<td>Frank</td>
<td>17.03.2020</td>
</tr>
<tr>
<td>Liu</td>
<td>Guo-Bin</td>
<td>26.02.2020</td>
</tr>
<tr>
<td>Loubaki</td>
<td>Theophile</td>
<td>26.01.2020</td>
</tr>
<tr>
<td>Mochny</td>
<td>Imam S</td>
<td>21.01.2020</td>
</tr>
<tr>
<td>Mohammed</td>
<td>Marcelle</td>
<td>02.02.2020</td>
</tr>
<tr>
<td>Molineaux</td>
<td>Louis ER</td>
<td>14.12.2019</td>
</tr>
<tr>
<td>Moncayo</td>
<td>Alvaro</td>
<td>23.12.2019</td>
</tr>
<tr>
<td>Mouanda</td>
<td>Rigobert</td>
<td>13.12.2019</td>
</tr>
<tr>
<td>Olafusi</td>
<td>Frederick Kayode</td>
<td>07.12.2019</td>
</tr>
<tr>
<td>Orihuela</td>
<td>Alfonso</td>
<td>04.09.2019</td>
</tr>
<tr>
<td>Paye</td>
<td>Awa H</td>
<td>15.12.2019</td>
</tr>
<tr>
<td>Richardson</td>
<td>Astrid</td>
<td>07.02.2020</td>
</tr>
<tr>
<td>Rizkallah</td>
<td>Ekbal</td>
<td>26.01.2020</td>
</tr>
<tr>
<td>Salazar</td>
<td>Bucheli Jose M</td>
<td>23.02.2020</td>
</tr>
<tr>
<td>Shaarawy</td>
<td>Barbara</td>
<td>07.03.2020</td>
</tr>
<tr>
<td>Sirima</td>
<td>Binssi Mamadou</td>
<td>Not known</td>
</tr>
<tr>
<td>Vanderburg</td>
<td>Joel A</td>
<td>02.01.2020</td>
</tr>
<tr>
<td>Wilson</td>
<td>Richard</td>
<td>06.02.2020</td>
</tr>
<tr>
<td>Wiseman</td>
<td>Nicholas E</td>
<td>15.01.2020</td>
</tr>
<tr>
<td>Woodward</td>
<td>Elizabeth</td>
<td>07.08.2019</td>
</tr>
</tbody>
</table>

The deaths were also announced of the survivors of former staff members, Belngar Oudoum, Cleveland Margaret, Davidson Gail, Donoso Mildred, Ford Fleurette, George Celine, Hillier Cyprienne, Loveday Olivia, Makaya Madeleine, Szreniawska Lidia.

\(^1\) The present notification of deaths was gratefully received from UNJSPF and covers Q1 2020. 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.

SUBMISSION OF OBITUARIES

Editorial policy on the submission of obituaries. As you know the Association publishes the obituaries of former WHO staff members in the Quarterly News. The Editorial Board reviews the obituaries received with a view to suitability for publication. Obituaries should not exceed 300 words and be submitted along with a good quality photo of the subject of the obituary. Unless it follows the wishes of the deceased or their family, consider not revealing the cause of death. The date and country of death are required, and the date and country of birth if known.

The Editorial Board
Richard Wilson, born 23 April 1930 in Germany, died 6 February 2020 in Canada

Richard’s childhood was spent in Germany and the Netherlands before moving to Canada where he specialized in obstetrics and gynaecology, becoming Assistant Professor at the University of Toronto and Director of the Health Systems Research Unit. He joined WHO headquarters in 1971 initially as a Consultant in human reproduction, then in the Office of Research Promotion and Development and he later became Medical Officer in the Special Programme for Research and Training in Tropical Diseases (TDR), having helped to set up this latter programme.

In TDR, Richard was in charge of programme management: together with two other deceased colleagues – David Rowe in charge of research and development and José Barzelatto in charge of research capacity strengthening, under the leadership of Adetokunbo Lucas as Director TDR, they were affectionately known as the “Gang of Four”, running TDR seamlessly. Richard resigned in May 1985 to return to Canada to work for the International Development Research Centre. On retirement, Richard moved to the South of France, indulging his passions for wine tasting and hiking. At age 77, he returned home to Canada and continued his passion for hiking, walking many Caminos across Europe (some 2700 km). He spent his summers by Clear Lake in Ontario, relaxing and walking his beloved golden Labrador Mandy.

Richard was an amazing colleague, always ready to help, explain, encourage and he was an excellent mentor. Colleagues also remember his good judgement, efficiency and kindness. He was always smartly dressed, full of energy and he never seemed to age. He will be greatly missed by his wife Elizabeth and her family, his children Bruce and Pamela and his grandchildren, Labrador Mandy, and all those whose lives he touched in such a special way.

Elizabeth Park and Sue Block Tyrrell

Dr Sang Tae Han, born 29 November 1928 in Republic of Korea, died 23 February 2020 in Seoul, Republic of Korea

Dr S.T. Han worked for the Ministry of Health and Social Affairs of the Republic of Korea in several senior positions. He concluded his Ministry career as Director-General for the Bureau of Public Health before leaving to join WHO in 1967. He commenced his WHO career as Medical Officer of the National Health Services Development project and WHO Country Liaison Officer in Samoa.

In 1970, he was appointed Regional Adviser for Community Health Services at the Regional Office in Manila. He became Director of Health Manpower Development and Family Health in 1973 and was promoted to Director, Programme Management (DPM) in 1979. In 1989, he was elected Regional Director for the WHO Western Pacific Region (WPRO), and served for two terms until January 1999.

As DPM, Dr Han played a leading role in the 1980s in developing a regional strategy for meeting WHO’s main target, the attainment of health for all by all the world’s people. As Regional Director, he spearheaded, among other technical and managerial initiatives, the Region's push for the global elimination of poliomyelitis.
In recognition of his dedication to international health and his contribution to the WPRO, the Regional Committee for the Western Pacific awarded Dr Han the title Regional Director Emeritus in September 1998. In January 1999, Dr Han was conferred the Order of Sikatuna, one of three major honours given by the Philippine Government for exceptional and meritorious service to the country. The Republic of Korea, Dr Han’s country of birth, awarded him the Order of Mukunghwa, the highest national civilian award in April 1999, for his invaluable services in the field of public health.

Dr Han leaves a legacy of hard work and discipline and an unwavering dedication to the Organization he served for more than three decades. He was well known for his highly principled management style, he always stood up for the sincere and hard-working staff, and was well respected by all. As Dr Tedros, the Director-General, observed, “his contributions have greatly impacted the WHO we have today, and he will always be remembered respectfully.”

Dr Han is survived by a son and two daughters, who gave him seven grandchildren, his pride and joy during his retirement years.

AFSM Manila

Gérard Dazin, born 28 August 1923 in Paris, died 31 March 2020 in Ornex, France

Gérard Dazin has passed away, he would have been 97 years old in August. His father was from northern France (a Ch’ti) his mother was Parisian. Gérard grew up in Paris and studied Applied Arts, where he rubbed shoulders with famous artists and began a career as a painter, interrupted by the Second World War.

Suffering from tuberculosis, he was sent to Ferney-Voltaire to convalesce, staying with the Trillaux family who owned a farm. He encountered Alice, the daughter of the family, and they were married in 1946.

While remaining Parisian at heart and artist in his soul, he became a citizen of Ferney-Voltaire by adoption. He became involved in the life of Ferney and fostered deep bonds of friendship, in particular with Father Boisson.

Gérard Dazin was eloquent, some might even say verbose, who loved to talk, discuss, exchange ideas, and philosophize.

With his wife Alice, they first ran a small grocery store in the Grand’rue, on the site of the current Crédit Lyonnais, then in 1953 he joined WHO as a graphic artist until 1955. He worked for WMO from 1955 to 1961 and rejoined WHO in 1961 where he remained until his retirement in 1983. He became an active member of the Staff Association, a cooperative trade unionist, devoted and constructive but also a good colleague in working life.

Along with Alain Vessereau he was the co-founder of AFSM, in which he invested a lot of energy, at the same time he was also a very active member of AFICS.

In 1960, the family moved the short distance to Ornex where two daughters, Dominique and Joëlle, were born.

From 1980 to 2000, he was a member of the Ornex Municipal Council, receiving the silver-gilt medal of honour in recognition of his dedication in serving the local community. He fulfilled his civic duty until the end of his life: on March 15, he voted by proxy in municipal elections.

Retired in the small town of Ornex, he continued to paint until the death of his wife Alice, in 2009. Her death affected him particularly deeply, despite the support of a very close family.

A memorial service, and an exhibition of his paintings will be organized in his memory, probably in September at Ornex.

Dominique and Joëlle Dazin

See also the inside front cover, with a cartoon presented to Gérard Dazin at his retirement, and some of his numerous paintings.
Anthony Piel, born 26 May 1936, died 3 April 2020 in the USA

Anthony (Tony) Piel was a distinguished presence in WHO/HQ for a long time. He hails from Connecticut USA. He went to Princeton University and Harvard Law School before joining Citibank in Paris where he and his family lived for six years. He met Warren Furth, ADG for Administration in WHO under Marcolino Candau and Halfdan Mahler, in an executive training programme in MIT and Mr Furth offered him a job in WHO.

Tony worked as a close technical advisor to Mr Furth and contributed significantly to the policies of the Organization. During the mid-seventies, he also joined the Staff Committee then with Dev Ray as President. They contributed widely to the staffing policies of the Organization including developing position papers on issues like rotation of staff, incentive schemes, etc. After Mr Furth’s retirement, he continued to serve the DG and eventually was the Chef de Cabinet under Dr Nakajima after having served in various senior positions such as Secretary, Headquarters Programme Committee, and Legal Advisor. Tony also served for two years in the WHO Regional Office in Alexandria. He had participated in the Primary Health Conference in Alma Ata and was a strong advocate of the principles of PHC.

Tony was also the founder with others, including William Gunn, of the International Association of Humanitarian Medicine. After retirement he went back to the USA and continued in various activities in education, e.g. stem cell research and development, and was a fervent supporter of the Democratic Party in the USA. He was a well-known ornithologist and took the opportunity to visit bird sanctuaries wherever he travelled. He suffered from various health problems towards the end of his life and his death was the result of an accidental fall. He leaves behind his wife – Liz – and two children He will be sorely missed by his former colleagues.

Dev Ray and Annette Schutt

Tragic death in service of Pyae Sone Win Maung

Mr Pyae Sone Win Maung was employed at the WHO Country Office in Myanmar, where he had been working for WHO as a driver for the past three years, part of a regional network to support surveillance and response. He died following an armed attack on his WHO vehicle in Rakhine State. Pyae Sone Win Maung was transporting COVID-19 surveillance samples in support of the Ministry of Health and Sports. He succumbed to the severe injuries sustained during the incident.

WHO Director-General, Dr Tedros said, “As the world comes together to fight COVID-19, it is unacceptable that front line workers, who are bravely and selflessly working for the health of others, are needlessly killed by violence. Pyae Sone Win Maung was contributing to the delivery of lifesaving services when his life was tragically cut short, and we are deeply regretful. WHO condemns all kinds of physical, verbal or psychological violence against WHO and the global health workforce.”

Pyae Sone Win Maung was just 29 years old and is survived by his wife, Ms Soe Moe San and his family.

Our Association offers its deepest condolences to his family.
Japanese Folk Textile Dyeing
A kimono made from fabric created using traditional Katazome dyeing techniques
See page 19
Lunches at Ferney-Voltaire (see page 11)

Photo 1: From left to right, Barbara Cooper, John Bland, Dorothy Hoffmann, Elizabeth Boubert and Tom Ganiatsos.
Photo 2: From left to right, Jennifer Stone, Jean Fromen, Ray Cheng, Carl Freeman and Sandra Dumont.
Photo 3: From left to right, Ray Cheng, Carl Freeman and Sandra Dumont.

Photos: Sue Block Tyrrell

---

Lunch at Nyon (see page 11)

Photo 4: From left to right, Sampat Rajagopalan, Gisèle Galay and Katia Larson.
Photo 5: From left to right, Sue Mulcock, Rose Ganne-Martin and Johanna Lewis.
Photo 6: From left to right, Ray Cheng, Genevieve McCon, Annette Nock, Sue Mulcock and Rose Ganne-Martin.
Photo 7: From left to right, Mary Kehrli-Smyth, Harry Leefe and Pauline Nicholls.

Photos: Sue Block Tyrrell
RELEVÉ HEBDOMADAIRE N° 1 des rapports concernant la peste, le choléra, la fièvre jaune, le typhus exanthématique et la variole reçus par la Section d’hygiène pendant la semaine se terminant le 31 mars 1926 (non compris les données reçues du Bureau de Singapour).

WEEKLY RECORD No 1 of Reports regarding the Prevalence of Plague, Cholera, Yellow Fever, Typhus and Smallpox received by the Health Section during the Week ended March 31st, 1926 (not including information received through the Singapore Bureau).

<table>
<thead>
<tr>
<th>Pays et localité</th>
<th>Période</th>
<th>Cas</th>
<th>Décès</th>
<th>Country and Locality</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Peste — Plague.</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>AFRIQUE.</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Egypte, Minie</td>
<td>26/II - 1/III</td>
<td>4</td>
<td>1</td>
<td>Egypt, Minie.</td>
</tr>
<tr>
<td>Ghana</td>
<td>5/III - 1/III</td>
<td>1</td>
<td>1</td>
<td>Ghana.</td>
</tr>
<tr>
<td>Ile Maurice</td>
<td>1/XI - 31/XII</td>
<td>41</td>
<td>10</td>
<td>Maurice.</td>
</tr>
<tr>
<td>Madagascar</td>
<td>1/II - 28/II</td>
<td>277</td>
<td>262</td>
<td>Madagascar.</td>
</tr>
<tr>
<td></td>
<td>1/III - 15/III</td>
<td>111</td>
<td>108</td>
<td></td>
</tr>
<tr>
<td><strong>ASIE.</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inde Britannique</td>
<td>31/II - 6/III</td>
<td>4,017</td>
<td>3,124</td>
<td>British India:</td>
</tr>
<tr>
<td>Pendjab</td>
<td>31/II - 6/III</td>
<td>1,057</td>
<td>778</td>
<td>Punjab.</td>
</tr>
<tr>
<td>Provinces Unies.</td>
<td>31/II - 6/III</td>
<td>826</td>
<td>1,132</td>
<td>United Provinces.</td>
</tr>
<tr>
<td>Bihar et Orissa</td>
<td>31/II - 6/III</td>
<td>288</td>
<td>412</td>
<td>Bihar et Orissa.</td>
</tr>
<tr>
<td>Provinces Centrales</td>
<td>31/II - 6/III</td>
<td>280</td>
<td>169</td>
<td>Central Provinces.</td>
</tr>
<tr>
<td>Présidence du Madras</td>
<td>31/II - 6/III</td>
<td>192</td>
<td>95</td>
<td>Madras Présidency.</td>
</tr>
<tr>
<td>Myanmar</td>
<td>31/II - 6/III</td>
<td>1,13</td>
<td>415</td>
<td>Myanmar.</td>
</tr>
<tr>
<td>Présidence de Bombay</td>
<td>31/II - 6/III</td>
<td>281</td>
<td>139</td>
<td>Bombay Présidency.</td>
</tr>
<tr>
<td>Birmanie</td>
<td>31/II - 6/III</td>
<td>231</td>
<td>201</td>
<td>Burma.</td>
</tr>
<tr>
<td>Autres états Indiens</td>
<td>31/II - 6/III</td>
<td>187</td>
<td>262</td>
<td>Other Indian States.</td>
</tr>
<tr>
<td><strong>Indes Néerlandaises: Java.</strong></td>
<td>4/XII - 31/XII</td>
<td>1,291</td>
<td>374</td>
<td>Dutch East Indies: Java.</td>
</tr>
<tr>
<td></td>
<td>17/II - 23/II</td>
<td>4</td>
<td>425</td>
<td></td>
</tr>
<tr>
<td>24/II - 30/II</td>
<td>4</td>
<td>425</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indochine française</td>
<td>1/III - 30/III</td>
<td>7</td>
<td>41</td>
<td>French Indo-China.</td>
</tr>
<tr>
<td>1/III - 30/III</td>
<td>7</td>
<td>42</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Irak: Bagdad.</td>
<td>24/II - 30/II</td>
<td>13</td>
<td>11</td>
<td>Irak: Bagdad.</td>
</tr>
<tr>
<td>Siam</td>
<td>24/II - 30/II</td>
<td>2</td>
<td>2</td>
<td>Siam.</td>
</tr>
<tr>
<td>31/II - 6/III</td>
<td>9</td>
<td>8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7/III - 13/III</td>
<td>44</td>
<td>41</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14/III - 20/III</td>
<td>43</td>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Choléra.</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inde Britannique</td>
<td>31/II - 6/III</td>
<td>3,055</td>
<td>2,776</td>
<td>British India:</td>
</tr>
<tr>
<td>Provinces Unies.</td>
<td>31/II - 6/III</td>
<td>8</td>
<td>5</td>
<td>United Provinces.</td>
</tr>
<tr>
<td>Bihar et Orissa</td>
<td>300</td>
<td>100</td>
<td>Bihar and Orissa.</td>
<td></td>
</tr>
<tr>
<td>Présidence du Bengale</td>
<td>1,071</td>
<td>597</td>
<td>Bengal Presidency.</td>
<td></td>
</tr>
<tr>
<td>Assam</td>
<td>20</td>
<td>11</td>
<td>Assam.</td>
<td></td>
</tr>
<tr>
<td>Provinces Centrales</td>
<td>241</td>
<td>165</td>
<td>Central Provinces.</td>
<td></td>
</tr>
<tr>
<td>Présidence de Madras</td>
<td>1,382</td>
<td>793</td>
<td>Madras Presidency.</td>
<td></td>
</tr>
<tr>
<td>Birmanie</td>
<td>25</td>
<td>15</td>
<td>Burma.</td>
<td></td>
</tr>
<tr>
<td>Indochine française</td>
<td>1/III - 30/III</td>
<td>958</td>
<td>879</td>
<td>French Indo-China.</td>
</tr>
<tr>
<td>1/III - 30/III</td>
<td>958</td>
<td>879</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cambodge</td>
<td>471</td>
<td>56</td>
<td>Cambodge.</td>
<td></td>
</tr>
<tr>
<td>1/III - 30/III</td>
<td>471</td>
<td>56</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annam</td>
<td>1/III - 30/III</td>
<td>60</td>
<td>67</td>
<td>Annam.</td>
</tr>
<tr>
<td>Cochinchine</td>
<td>883</td>
<td>883</td>
<td>Cochinchine.</td>
<td></td>
</tr>
<tr>
<td>1/III - 30/III</td>
<td>883</td>
<td>883</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laos</td>
<td>448</td>
<td>448</td>
<td>Laos.</td>
<td></td>
</tr>
<tr>
<td>1/III - 30/III</td>
<td>448</td>
<td>448</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Siam</td>
<td>97</td>
<td>60</td>
<td>Siam.</td>
<td></td>
</tr>
<tr>
<td>31/II - 6/III</td>
<td>113</td>
<td>70</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7/III - 13/III</td>
<td>113</td>
<td>70</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24/III - 20/III</td>
<td>137</td>
<td>98</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Fièvre jaune — Yellow Fever**

<table>
<thead>
<tr>
<th>Pays et localité</th>
<th>Période</th>
<th>Cas</th>
<th>Décès</th>
<th>Country and Locality</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>République des États-Unis</strong></td>
<td></td>
<td></td>
<td></td>
<td>United States.</td>
</tr>
</tbody>
</table>
BULLETIN OF THE WORLD HEALTH ORGANIZATION
SUPPLEMENT 1

MANUAL
OF THE
INTERNATIONAL
STATISTICAL CLASSIFICATION
OF DISEASES, INJURIES,
AND CAUSES OF DEATH

Sixth Revision of the International Lists
of Diseases and Causes of Death

Adopted 1948

Volume 2
ALPHABETICAL INDEX

WORLD HEALTH ORGANIZATION
Geneva, Switzerland
1949
World Health Organization
Technical Report Series
No. 2

EXPERT COMMITTEE ON
BIOLOGICAL STANDARDIZATION

Report on the Third Session

London, 2-7 May 1949

Page
1. Ogawa and Hladnocholera vaccines and diagnostic antitoxins ............. 4
2. Anti-pertussis vaccine ........................................... 4
3. Smallpox vaccine ............................................... 5
4. Diphtheria and tetanus toxins ..................................... 5
5. Streptococcus antitoxins ........................................... 5
6. Tetanus antitoxin .................................................. 5
7. Detection of tubercle bacilli ...................................... 6
8. Serodiagnosis of typhoid and paratyphoid infections ..................... 6
9. Serodiagnosis of rickettsial infections ................................ 6
10. Serodiagnosis of typhus ........................................... 7
11. PPD ................................................................. 7
12. BCG ................................................................. 7
13. Digitalis ............................................................ 8
14. Sulfonamides ....................................................... 8
15. Anti-atherosclerosis factor ........................................ 8
16. Hormones .......................................................... 9
17. Fat-soluble vitamins ............................................... 10
18. Antibiotics ........................................................ 10
20. Request of the Expert Committee on the Unification of
Pharmaceuticals ....................................................... 12
21. Notation of measures of potency ................................... 12

Annex 1. Requirements for laboratories engaged in the preparation
of BCG vaccine for the UNICEF vaccination campaign ............... 14

WORLD HEALTH ORGANIZATION
PÂLÂIS DES NATIONS
GÈNEVE

FEBRUARY 1950
OFFICIAL RECORDS
OF THE
WORLD HEALTH ORGANIZATION
No. 37

INTERNATIONAL SANITARY
REGULATIONS

PROCEEDINGS OF THE SPECIAL COMMITTEE
AND OF THE
FOURTH WORLD HEALTH ASSEMBLY
ON
WHO REGULATIONS No. 2

WORLD HEALTH ORGANIZATION
PALAIS DES NATIONS
GENEVA
April 1952