An epic undertaking, WHO is modernizing its Geneva campus. See story on page 4. Artist impressions: BBK AG ARCHITEKTEN
Cruise on the Gironde, 15–20 May 2018. See more photos in the French version. The report will appear in QNT 113

For the first time BAFUNCS held their Annual Reunion outside of the UK, this year it took place in Geneva. The AFSM Committee was asked to provide logistical support to the local organizing committee.

BAFUNCS members including of course former WHO staff, travelled from the UK to Geneva and local members of AFSM were invited to attend the Annual Reunion. This provided an opportunity to meet up with some of their former WHO colleagues.

The highlight events were: on Saturday morning, former UN Secretary-General Kofi Annan gave an overview of the role he played behind the scenes during some of the post-war period’s most dramatic and dangerous crises. On Sunday morning there was an equally stimulating session with David Harland, Director of the Centre for Humanitarian Dialogue. To round off the morning, Alan Blythe, Chief of the UN Joint Staff Pension Fund’s Geneva Office gave one of his excellent presentations.
EDITORIAL

We hope you have pleasure in receiving the latest Newsletter, leading with an article detailing the huge WHO project of modernization of its Headquarters campus. A poem celebrating the 70th Anniversary of WHO, a short report on our seminar on Comment bien vieillir – Stay younger for longer and much, much more.

An article that may shock some readers is the coverage of Sexual Harassment within the UN (including WHO) by Maria Dweggah. Proof that this is a problem that really exists; after the article was written and before we went to press, WHO issued a mandatory training policy on the prevention of sexual harassment. If you have a #Me too story send it to Maria or the editor and with your permission we might publish some of them – anonymously of course.

We remind you that the AFSM Executive Committee elections are to be held later this year and you will by now have received a call for candidatures, deadline for submission is 31 July. Please do give serious consideration to standing for election if you live close to Geneva, or willingness to help with specific projects if you reside further afield. Without the dedication shown by the Committee members there would not be a thriving Association.

Keith Wynn

IMPORTANT CONTACTS

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Website: http://who.int/formerstaff/en/ The AFSM office is covered on Tuesdays from 9:30 to 12:00. Alternatively, please leave a message someone will call you back.

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

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

Remember to always have your Unique ID number handy when contacting UNJSPF

Resources for retirement: visit the AFSM website, http://www.who.int/formerstaff/issues/retirement/en/

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

An epic undertaking

As mentioned in the January 2018 edition of Quarterly News (QNT 110: The changing face of WHO/HQ) the World Health Organization has just embarked on a truly epic renovation, demolition, construction and modernization programme of the buildings on its Headquarters site.

To learn more AFSM met with Richard Preston, Director of Operational Support and Services (OSS) and Olivier Sibut-Pinote, Special Construction Project (SCP). They explained that WHO had long recognized the necessity of renovating the main building and addressing the changing needs of the Organization, to tackle safety, security, and efficiency issues, and to bring the buildings in line with current Swiss environmental initiatives and norms.

The present situation

Currently, the buildings are home to 2,400 WHO staff and consultants, and an estimated 18,000 people visit every year.

The main building was designed by renowned Swiss architect Jean Tschumi, and inaugurated in 1966. According to an EPFL report commissioned by the Canton of Geneva in 2011 the main building is considered of great architectural, historical, and social interest at the national – and most likely – the international level. This is an important step towards it becoming a listed building.

Over the past 50 years the main building alone became insufficient to house staff and by 2016 the WHO campus comprised a total of nine structures: two permanent buildings (the WHO HQ building and the shared UNAIDS and WHO building (building D), completed in 2006) and seven semi-permanent and temporary structures.
Why the need to change?

The main building is in desperate need of major renovation. Furthermore the financial burden of management, operation, and maintenance of nine buildings was becoming a major challenge in terms of human and financial resources, as well as energy and space.

The future WHO campus

The renovated site will comprise just four buildings: a new, state-of-the-art annex building (building B) integrated with the iconic main building (building A), the Executive Board room and office suites (building C), and the shared UNAIDS/WHO building (building D).

Operating as one, these four buildings will create a balanced site that will be energy-efficient, conform to Swiss environmental and safety norms, and accommodate the same number of staff as are on-site today. The work is scheduled for completion in 2024.

The new campus is designed to be highly sustainable, reducing energy consumption and costs. A significant reduction in CO2 emissions is also projected. It will be a consolidated campus with modern, low-maintenance buildings which will reduce the space needed for facilities such as air circulation, boilers and storage. The existing space allocated to these activities will be reassigned to greatly enlarge the Strategic Health Operations Centre (SHOC) and to expand the fitness and well-being facilities.

At the centre of the new annex building an atrium will provide daylight to the interior, as well as a view of the different floors. Meeting and office spaces – big or small, secluded or open, directly lit or in the shade – will each have a specific quality, such as natural light and interesting views.

The new building has been designed to blend with and complement the main building. The heart of the campus will link both buildings and house a flexible conference facility, with four rooms that can each accommodate 100 people or that can be combined into a single area to provide space for 600 participants; a restaurant and an indoor–outdoor dining space, with seating capacity for 450 people and a large terrace; and several other spaces that can be used for different purposes, such as informal meetings. The outdoor park and gardens will be more accessible and integrated with the buildings.

By 2024, when all of the construction and renovations are complete, the WHO headquarters site will be leaner and more efficient and host four modern and iconic buildings.

Management and cost of the project

The daily management of the WHO building renovation project resides with the Department of Operational Support and Services (OSS), within the General Management cluster of WHO with the support of an external, professional project management company to supervise this long-term project.

In 2016, the total cost of the construction and renovations planned was estimated at 250 million Swiss francs.

The project is possible thanks to two sources of funding:

1. An interest-free loan from Switzerland, the Host State for WHO’s headquarters in Geneva;
2. The Real Estate Fund, which will be replenished with the eventual sale of three surplus buildings (L1, L2 and M) on the present campus.

Member States will not, therefore, be called upon to provide additional financial contributions for this project.

The journey to the new campus

The journey to WHO’s new headquarters will take eight years and will be conducted in two major phases.

- **Phase 1, from 2017 to 2020**, has already commenced with the demolition of two temporary structures, the rather long-term “temporary” structure – Building X, and the more recently erected temporary offices – Building C. Once these sites have been cleared work will continue with the construction of the new building.
• **Phase 2, from 2020 to 2024**, staff will move from the main building into the new building with its conference rooms and restaurant. The existing main building will then be entirely renovated and modernised.

Different logistic plans are being studied to ensure business continuity during this period. For example, services presently housed in the basement of the main building, such as Printshop (DUP), Mailing (MLG) and Distribution (DST) will be relocated.

When the refurbishment of the main building is complete, staff and these services will move back to their previous but now modernised facilities and the present restaurant will be demolished.

The Executive Boardroom, adjacent office suites, and the Library complex will also be renovated as part of the project, although the interior of the Executive Boardroom was refurbished in 2008.

Finally, once staff members and all services are able to occupy all buildings the three surplus buildings along with their land (L1, L2, and M) will be sold.

**The impact on staff and services**

It is clear that such a major undertaking will not be achieved without a significant impact on staff. Already, the number of parking spaces available has been severely restricted; the access from the main building to Buildings L and M is now via an enclosed, but unheated, temporary bridge.

However the end result will make these present inconveniences all worthwhile.

*Keith Wynn*
Difficulty in swallowing (dysphagia) in elderly people

Eating is one of the few acts in our daily life which combines vital necessity and pleasure. Difficulties in swallowing, which occur particularly in elderly persons, therefore constitute a significant health problem. Dysphagia is an anomaly of the swallowing process, causing a sensation of food blocked in the throat and possibly going down the ‘wrong way’.

Swallowing

Swallowing (deglutition) is a complex mechanism which enables solid or liquid food to progress from the mouth to the stomach. The oral phase (mastication, moistening by saliva, and homogenization) is voluntary, while the phases from the pharynx to the oesophagus are a reflex mechanism, involving the tongue, the soft palate, the larynx and the vocal cords: it blocks respiration and thus protects against the entry of food into the respiratory tract. If food does enter the respiratory tract, it stimulates a coughing reflex in order to expel it.

Ageing of the swallowing process (presbyphagia) is not usually noticeable before 65 years of age, but may become evident by 80 years, particularly in the presence of neurodegenerative disease, cancer treatment or after a cerebrovascular accident. Up to that age, minor changes in swallowing are often well tolerated or cause few symptoms. However, a radiological study involving 56 persons with an average age of 83 years who had not complained of dysphagia showed that swallowing was completely normal in only 16% of those studied.

The effects of ageing

The mechanisms involved in swallowing alter with age as part of the mechanical and neurological ageing process. Reduction of muscle mass and loss of strength affect the muscles involved in chewing and swallowing.

About 25% of older persons complain of a dry mouth. The salivary flow is diminished by many

Pulmonary complications resulting from the inhalation of food particles are a major complication of dysphagia, and the first cause of hospitalization in these cases. Pulmonary disease secondary to dysphagia is a common cause of death in patients with neurodegenerative conditions (Alzheimer’s disease and similar disorders).

\(^1\) Aero-digestive crossroads between the airways (from the nasal cavity to the larynx) and the digestive tubes (from the mouth to the oesophagus)

\(^2\) The tube which connects the pharynx to the trachea, and contains the vocal cords
medicines (antihistamines, antihypertensives, diuretics, antidepressants.)

When dentition is intact the effectiveness of mastication remains good, but it diminishes considerably after extraction of the teeth and if dentures are badly worn or badly fitting. This also affects taste and sensitivity.

During the oral phase, with decreasing effectiveness of mastication, the size of the food morsel swallowed increases.

During the next phase, a delay in releasing or a fault in the opening of the upper sphincter\(^3\) of the oesophagus may lead to stagnation of a food morsel in the mouth.

During the oesophageal phase, the decrease in oesophageal movement and increase in the incidence of gastroesophageal reflux, combined with food taken in an inappropriate postural position (cervical hyperextension) and too rapidly, in servings which are too large, can lead to entry of food into the airways.

Finally, a decrease in coughing effectiveness reduces the protection of the upper airways.

**Consequences of dysphagia**

Undernourishment resulting from difficulty in swallowing affects about 5 to 10% of elderly people living at home, and 30 to 60% of elderly residents in institutions.

Pulmonary complications resulting from the inhalation of food particles are a major complication of dysphagia, and the first cause of hospitalization in these cases. Pulmonary disease secondary to dysphagia is a common cause of death in patients with neurodegenerative conditions (Alzheimer’s disease and similar disorders).

**Main causes of dysphagia**

- Vascular disorders: stroke and cerebral micro infarction;
- Neurodegenerative disorders: Parkinson’s disease, dementia (Alzheimer’s disease and others);
- Rare disorders: brain tumours, amyotrophic lateral sclerosis, multiple sclerosis;
- Cancer: of the oropharynx or oesophagus.

**Screening and treatment**

Swallowing disorders affect 30 to 44% of elderly people in residential institutions, 10 to 19% of elderly hospitalized patients and 9 to 10% of elderly people living at home.

With advancing age, swallowing disorders often begin with rather vague symptoms, depending on environmental factors. They often remain undiagnosed for several years, the subject compensating for his/her discomfort by a gradual and hardly perceptible change in diet and posture.

Dysphagia becomes immediately obvious when complications, primarily pulmonary, occur. Those concerned are mainly patients suffering from neurological degenerative pathologies and cancers or having experienced a break in their rhythm of life (accident, surgical intervention, mourning after a death).

The general practitioner can propose simple measures to alleviate the condition: maintaining good oral hygiene, careful brushing of teeth and use of oral rinses; sitting in a straight, upright position for the intake of food or drink; liquids made viscous by the addition of a thickening powder and served in a wide-mouthed glass or cup, to be swallowed slowly, sip by sip without raising the chin; and food cut, sliced, or mixed, and made more homogeneous by adding sauce.

Adjustment of dental prostheses is often necessary. In residential institutions and hospitals, health-care personnel need to be trained to help the patient suffering from dysphagia to eat and drink correctly.

If these measures are insufficient to relieve the problem, a dietician and a physiotherapist should be called upon to evaluate and adapt the food, the position of the patient and his/her eating gestures. Respiratory physiotherapy improves

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\(^3\)A sphincter is a circular muscle around an opening, as here the entrance to the oesophagus.
bronchial drainage and leads to a more effective cough. An enjoyable diet can usually be maintained, enabling a certain pleasure in eating to be preserved.

David Cohen

Sources:
La presbyphagie: le vieillissement de la déglutition: plainte et vécu des personnes concernées. Camille Lambert, Anne-Laure Ménage
https://dumas.ccsd.cnrs.fr/dumas-00868599
https://www.mayoclinic.org/diseases.../dysphagia/.../syc-20372028

**FURTHER SECURITY MEASURES AT WHO**

**Access to WHO buildings**

During recent months visitors and retirees wishing to enter WHO buildings will have noticed that the security measures are increasingly stringent.

Further to the information published in our October issue (QNT109 – New security infrastructure at WHO Headquarters), we have now obtained clarification from the WHO Security service regarding the access of retirees, family members and other visitors.

**Which entrances can we use?**

For anyone not considered to be a WHO staff-member and holder of the corresponding ID-badge, the only possible access is via the main entrance to WHO headquarters and the main entrance of the UNAIDS building.

Your retiree ID-badge should then allow you to open the security barriers just inside the main entrance (you need to place the badge close to the sensor). If for any reason your card is not recognized you will need to explain this to the guards on duty and they will reconfigure the card.

Access is only permitted during WHO working days and working hours: Monday to Friday, from 08.00h to 18.00 hours.

**Who is eligible for a WHO retiree badge?**

All WHO retirees in receipt of a United Nations pension are eligible. Their names are recorded in the WHO database which the Guards will consult.

**Is a family member of a retiree entitled to a badge?**

The spouse of a retiree has the right to obtain a badge, as a family member. However, other members of the retiree's family will be considered as visitors (see below).

**Access for former staff members who are not retired (i.e. who are not in receipt of a UN pension)**

They will be considered as visitors (see below).

**Access for visitors**

This means everyone who is neither a retired former staff member in receipt of a UN pension or their spouse.

Visitors must report to the Guard’s desk and state who they are visiting. This person must be a WHO staff member. Exceptionally, the Security service has authorized members of the AFSM Executive Committee to accept visitors.

*We thank the Security service, especially Mr. Ibrahima Fofana and Mr. Olivier Ramonet, for providing us with this information. We will keep you informed of any changes we may become aware of.*

JP Menu
A POEM FOR THE 70TH ANNIVERSARY OF WHO

Happy Birthday WHO

Seventy years young and definitely not retired,
Our Organization remains healthy and inspired
To continue its mandate set in ‘46, in the month of July
And still valid today, after 7 decades have flown by –
Striving for the highest attainable standard of health
For all the world’s peoples whatever their level of wealth.
Much has been done but much lies ahead as diseases emerge
To threaten our security and populations to purge.
Past achievements are many and need more recognition,
With lessons learned kept in mind to strengthen our mission.
Many communicable diseases are now under control
Thanks to WHO’s global coordination role
And its key International Health Regulations
Setting guidelines on reporting outbreaks across nations.
Special Programmes have stimulated research worldwide
On human reproduction and to stem the tropical disease tide.
Programmes on immunization and polio have gained much renown
But smallpox eradication remains the jewel in WHO’s crown.
WHO’s programme on AIDS moved on to UNAIDS and
Other work incubated new initiatives now well-known and grand,
Such as GAVI, the Global Fund to Fight AIDS, Malaria and TB,
With efforts on Health for All laying groundwork for UHC.
Many guidelines are well used and the Essential Medicines List
Helps each Member State’s decision-making and each scientist.

\[1\] Universal Health Coverage
MDGs, then SDGs set targets for agencies and nations
To improve the well-being of all the world’s populations.
The WHO Framework Convention on Tobacco Control treaty
Was adopted by the World Health Assembly unanimously.
In response to statistics showing an important shift worldwide,
WHO now focuses more on the noncommunicable disease side,
But viruses still love to challenge our knowledge and skill
In responding to outbreaks before large numbers they kill.
Eight Directors-General for the 70 years spanned
Chisholm, Candau, Mahler, Nakajima, Brundtland,
Followed by Lee, Chan and now Tedros Ghebreyesus,
Helped by six Regional Directors and DGs Emeritus.
General Programmes of Work have reached number thirteen,
Which sets a vision for a new “triple billion goals” scene
“1 billion more people benefitting from UHC,
1 billion more people better protected from a health emergency,
1 billion more people enjoying better health and well-being respectively”,
Ambitious goals for the world’s leading public health agency.
So, its important work remains vital for many years to come
And WHO needs strengthened resources, both staff and income.
Thanks WHO for seven decades of work in which you can take pride,
With numerous lives saved in many countries worldwide.
Well done dear WHO, many congratulations to you,
Bonne continuation, many happy and healthy returns too.

Sue Block Tyrrell
Do you remember the party...?

On the occasion of this year’s 70th anniversary of WHO, I was reminded of those anniversaries that went before, and most vividly of the party held by the Geneva Staff Association on 18 June 1988 to celebrate the 40th. And I wondered how many readers of QNT shared that memory. Surely a few, as around 1000 people participated. The venue was in an old hall in the rue de Carouge, and the place was overflowing.

It was a fantastic joint effort on the part of a large number of staff, and the preparations went on for months beforehand. As well as the core organizers from the Staff Committee, we had set up a whole series of subcommittees to handle all the different aspects, and I don’t recall even the slightest mishap.

Apart from it being the 40th anniversary, the opportunity was also taken to give Dr Mahler a send-off for his retirement. We presented him with a ceremonial spade to dig his garden, as that is what he claimed he would do. It was all a big laugh as the photo shows.

More mysterious however is the photo of the cake competition. While I know that standing next to me were Louise Hamel and Pascale Gilbert-Miguet, I am unable to identify the helpful person holding out the tray of cakes for Dr Mahler. I am also no longer entirely sure what role Dr Mahler was playing here. Was he simply admiring them, or was he selecting the winner? I’m sure one of the QNT readers seeing this will be able to answer these questions and hope someone will pass on the information to be published in a later edition.

One of my most vivid memories is of seeing Dr Mahler very late in the evening sitting at a rickety table with his closest “7th floor team”, awe-inspiring gentlemen under normal circumstances, laughing and joking and eating some kind of grilled food off paper plates.

Perhaps others will, like me, find themselves shedding 30 years and being carried back to the exciting atmosphere and the warm surroundings. It seems like a golden era, but that is probably the inevitable sentimental rosy glow of lost youth.

Hopefully all those that remember those days will share the happy memories.

Mary Roll-Vallanjon
Some important reminders about Staff Health Insurance claims

The WHO Staff Health Insurance Rules are revised regularly and the most recent revision came into effect in January 2018. The new rules were sent to all members covered by SHI, along with a quick-reference summary page highlighting the most important modifications. To avoid the risk of having your claims rejected it is essential that you study these changes to the Rules before incurring any medical expenses, especially if they are likely to be significant.

In particular, prior approval of the Staff Health Insurance is required before undertaking any surgical and non-surgical procedures when the estimated cost is greater than 50,000 USD (Rule B10).

Another most important rule, do remember that your claims must be submitted within 12 months of the billing date for all medical expenses and prescriptions (rule C11). We remind you that SHI apply this rule very strictly indeed.

Cruise on the Gironde, 15–20 May 2018

Unfortunately space restrictions did not permit us to publish the full report of the cruise in this edition, however you will have Bunty Muller’s account and photos to look forward to in QNT 113.
Highlights of the 71st World Health Assembly

Under the presidency of Dr Pagwesese David Parirenyatwa from Zimbabwe, the 71st Assembly met in Geneva from 21–26 May. After the Assembly, Dr Tedros Adhanom Ghebreyesus, Director-General, sent a message to the staff to thank them for their dedication and hard work, describing the Assembly as “a milestone in the history of our Organization”. Here is an extract of the DG’s message:

“The extraordinary success of the inaugural Walk the Talk event (see below), a less formal opening ceremony with the inclusion of music, and the addition of yoga breaks to our committee discussions were all excellent innovations.

The approval1 of our new General Programme Work gives us a strong mandate and a clear mission to get on with.” (It sets three targets to ensure that by 2023: 1 billion more people benefit from universal health coverage; 1 billion more people are better protected from health emergencies; and 1 billion more people enjoy better health and wellbeing.) “But there were many other highlights across the Assembly, PBAC and the EB including the positive Member State reaction to our new-style Results Report. The Assembly also passed resolutions on:

- A 5-year roadmap to address access to, and the global shortage of, medicines and vaccines;
- A roadmap to reduce deaths from cholera by 90% by 2030;
- Reducing the unacceptable burden of deaths and disabilities from snakebite;
- Tuberculosis and noncommunicable diseases, as we prepare for the High-Level meetings at the UN General Assembly in September;
- The Global Action Plan for Physical Activity, which is essential for our fight against noncommunicable diseases;
- The International Health Regulations, to improve public health preparedness and response by strengthening core capacities;
- Improving access to assistive technologies like wheelchairs, hearing aids, walking sticks and reading glasses;
- A global coordinated response to rheumatic heart disease, which affects 30 million people each year, mostly girls and women;
- Digital technologies to improve health and keep the world safe;
- Increasing the proportion of WHO interns who come from developing countries to 50%, and to paying them a stipend by 2020.”

At the 143rd session of the Executive Board held on 28–29 May, Dr Ahmed Salim Saif Al Mandhari from Oman was appointed as Regional Director for the Eastern Mediterranean. Other Regional Directors are: Dr Matshidiso Moeti, AFRO; Dr Carissa Etienne, PAHO/AMRO; Dr Zsuzsanna Jakab, EURO; Dr Poonam Singh, SEARO; and Dr Shin Young-soo, WPRO.

Other selected items

- The main item in the international news has been WHO’s support, with partners, to control the Ebola outbreak in the Democratic Republic of the Congo. The Director-General made a visit to Bikoro to assess the response in the early days of the outbreak. High-risk populations in affected health centres have been vaccinated with the yet to be licensed rVSV-ZEBOV vaccine. In his speech to the Assembly, Dr Tedros mentioned that over the past year, WHO had responded to 50 emergencies in 47 countries and territories.
- On 26 February, WHO launched a new global campaign called Nursing Now, to empower and support nurses in meeting 21st century health challenges.
- On 3 March, WHO celebrated World Hearing Day with a global campaign inviting people to “Hear the Future”. New estimates released by WHO show that currently 466

1 The Assembly noted that this approval does not imply approval of the financial estimate of USD 10.8 billion for the five-year period.
million people have hearing loss and trends indicate that by 2050, one in every ten people around the world could have a disabling hearing loss.

• World Health Day on 7 April focused on **Universal Health Coverage for Everyone, Everywhere.**

• Early May, WHO drew attention to the dangerously high levels of air pollution in many parts of the world: 9 out of 10 people worldwide breathe polluted air, but more countries are taking action. End October, WHO will convene the first **Global Conference on Air Pollution and Health.**

• In mid-May, WHO released a new manual on infectious diseases and their management, entitled **Managing Epidemics.** Originally developed for WHO officials, the publication is available online for all frontline responders who need to respond rapidly and effectively when an outbreak is detected.

• Also in mid-May, WHO published its first **Essential Diagnostics List,** a catalogue of 113 tests needed to diagnose the most common conditions as well as a number of priority diseases.

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

**Walk the Talk**

For about a year, posters at WHO headquarters have encouraged everyone to Walk the Talk – get more physical exercise and take the stairs. As part of the celebrations to mark the 70th anniversary of WHO, in the morning of Sunday 20 May, the day before the Assembly, a major event was held in Geneva in collaboration with the Ville and Canton of Geneva, the Permanent Mission of Switzerland and the Missions of other countries to the United Nations in Geneva, the United Nations Office at Geneva and other locally-based partners. Three walks/runs were offered, starting at the Place des Nations – short 3 km, medium 5 km and long 8 km. About 2500 participants signed up, including many Assembly delegates, a few retired staff, and many WHO staff volunteered to help. Participants were given a quiz card with five questions (one for each location along the route where there were stands and activities focusing on WHO’s and partners’ health activities) and those who answered each question were able to collect a T-shirt on their return to the Place des Nations. It was so popular, that the stock of T-shirts ran out!

It was an amazing sight at the Place des Nations, with warm-up sessions led by the *United Colours of Drumming,* then the Thai delegation, followed by the Netherlands delegation with Zumba dancing. Many senior officials gave opening remarks, including the champion runner from Ethiopia, Haile Gebrselassie who led the run and finished the 8 km run first of course. Others spoke at the closing session, including the health and human rights champion Graça Machel. Finally, the Place des Nations was filled by participants enjoying a mass yoga session.

We were lucky that the sun shone so we could all enjoy our walk/run around WHO, the Botanical Gardens, the Villa Barton and the Bain des Pâquis. In his closing remarks, Dr Tedros (who did the 3 km route) voiced his plans to repeat the event, so perhaps *à l’année prochaine* and hopefully more local AFSM members will be able to take part ……

*Sue Block Tyrrell*
Sexual harassment, yes, even within the UN

The past year has brought to the forefront a number of allegations of sexual harassment reported by courageous women in the world of sports, entertainment, the media and the tech industry, who have suffered the ignominy of sexual harassment and abuse and the threat of retaliation. The UN has not been spared. We all have read the reprehensible reports on sexual harassment and exploitation by UN workers, especially peacekeepers in the “food for sex” scandals.

Sexual harassment, unfortunately also exists within the hallowed walls of the various UN agencies but receives less attention, or, which makes the headlines for a few days and is then forgotten as an isolated and unfortunate incident.

According to recent articles published in The Guardian, “Sexual harassment and assault rife at United Nations” and in Le Figaro (quoting The Guardian) “L’ONU visée par des cas de harcèlement et d’agression sexuels” the United Nations has allowed sexual harassment and assault to flourish in its offices around the world, with accusers ignored and perpetrators free to act with impunity. As reported in the articles, dozens of current and former UN employees described a culture of silence across the organisation and a flawed grievance system that is stacked against victims. The newspaper further reported that of the employees interviewed, 15 said they had experienced or reported sexual harassment or assault within the past five years. The alleged offences ranged from verbal harassment to rape. Seven of the women had formally reported what happened, a route that campaigners say is rarely pursued by victims for fear of losing their job, or in the belief that no action will be taken.

It is likely that a number of you reading this article may recall or may have heard during your service similar stories, especially of young, unsuspecting newcomers being accosted and a number may even have experienced some form of sexual advances, most notably during missions. Drawing on shared discussions and personal experience, while the presence of sexual harassment in the UN is often denied or minimized, especially in country offices where it is taboo to even speak of it “oh no, not here, does not happen, not in our culture” scratch the surface, ask the questions, and one hears the stories that emerge.

Organizations across the UN System by now have or should have comparable policies on harassment and sexual harassment, but for many years no such policy existed. The idea that someone could be sexually harassed “in those days” was preposterous and if it did happen, to whom could you have reported it? And who would have believed you? You probably knew something was not right but did not have the words for it. You brushed it off and just got in with it.

The ILO Administrative Tribunal cases on sexual harassment originate from a variety of agencies, most notably UNIDO, UNESCO, ITU, UNAIDS, WHO, WIPO, FAO, ICC. While they involve allegations brought by women, there is no doubt that men also fall prey to unscrupulous managers or co-workers but perhaps are more likely to not come forth. It may be that it is still considered taboo and career suicide for a man to file a claim of sexual harassment against his female supervisor or male colleague. Perhaps changes in the perceptions of gender equality will allow men to feel less embarrassed about filing a sexual harassment claim.

As more and more women and men “go public” regarding unacceptable sexual conduct at the workplace, it is hoped that these examples will empower women and men worldwide, whether at HQ or some remote duty station, to step forward without fear of being ridiculed, discredited or retaliated against.

Maria Dweggah

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1 See the related article on the following page.
WHO MANDATORY TRAINING POLICY

Mandatory training for immediate implementation

Since the article on the preceding page was written, WHO has issued an Information Note (16/2018, 16 April 2018) addressed to ALL staff on the new WHO Mandatory Training Policy which proposes, with immediate effect, under Section IV,

All staff members are required to take the two mandatory trainings below:

- United Nations Course on Prevention of Harassment, Sexual Harassment and Abuse of Authority
- UN Inter-Agency: To serve with Pride – Zero Tolerance for Sexual Exploitation and Abuse by our own staff

Both courses are available in Arabic, Chinese, English, French, Russian and Spanish

PENSION NEWS

Pensions: An update

There is relatively little to report on the Pension front at this time. The assets of the Fund have increased by some 10 billion USD last year due to the very favourable stock market increases. Obviously, the recent Representative of the SG – Carole Boykin – is probably less than pleased since the next incumbent of the post can take credit for it. But that is how uncertainties in the markets work.

On the Fund Secretariat, the CEO – Serge Arvizu – is reported to be still on sick leave since last July. Whether it is due to his curtailed extension of contract or his health – we shall never know. What is a little sad is the No 2 – Deputy CEO – is also leaving, on retirement, at the end of next July. It appears that an active search for his successor is going on.

Attacks on the Secretariat are continuing from the Staff Associations of the UN to which the Chair of the Pension board is reacting – much beyond her remit. It is surprising how the Pension board Chairs – as well as the retirees’ representatives or the President of FAFICS – seem to defend the CEO at all costs. The Chief of the Geneva Office of the Fund pointed out his views on the attacks during the AAFI GA, correctly observing that many of the allegations are false but are better left ignored rather than starting a polemical fight.

The UN General Assembly adopted a resolution on administrative expenses of the UN in December 2017 which also contains a section on the expenses of the Pension Fund (A/RES/72-262 contained in AAFI-AAFICS, Geneva, General assembly report of 26 April 2018). Among many observations, the UNGA expressed its concerns on the report of the Board of Auditors and requested the Office of Internal Audit to conduct a review of the governance structure of the Pension Board. It also highlighted the cumulative losses of 4.68 billion USD in the period 2013 to 2016 and requested the SG to continue his review of the Investment Management Division.

All in all there are silver linings in the clouds over our Pension Fund.

Dev Ray
UNIAG – UNITED NATIONS INTER-AGENCY GAMES

45th UN Inter-Agency Games, held 2–6 May 2018

The Chess tournament was held in the Terme Excelsior, a magnificent century-old building in the centre of Montecatini Terme.

UNIAG returned this year to Montecatini Terme in Tuscany after a successful gathering there in 1994. This was an excellent choice by the Rome-based host organization IFAD (International Fund for Agricultural Development) as the attractive small town is engagingly tourist-oriented with its various thermal baths and Belle Epoque hotels and provided a compact venue for the 1,100 players and 300 supporters from around the world to mix easily and renew friendships that have developed over the years.

IFAD had begun preparations already in December and this early start translated into optimal collaboration with the local municipality and sports associations and an effective selection of venues for the 15 different disciplines (athletics, badminton, basketball, beach volleyball, chess, cricket, darts, football, golf, pétanque, pool billiards, swimming, table tennis, tennis and volleyball), all of which now provide for joint or separate men/ladies competitions.

As in past years, my perspective was dominated by the Chess tournament, as WHO team captain, but which I had also been asked to coordinate. The tournament was held in the Terme Excelsior, a magnificent century-old building in the town centre with soaring frescoe ceilings, Corinthian columns and frieze decorated walls. Never have we been so luxuriously accommodated!

Chess remains one of the smallest disciplines (vs. 180 football, 130 athletics, 106 pétanquiste, 100 tennis, etc.) but the turn-out of 30 was the highest in recent years. I was pleasantly surprised to be joined by three WHO staff from Angola. UN New York participated again for the first time in years and their strong team provided the surprise of the tournament by beating out the perennial winner IAEA. Two mixed-agency teams composed of Geneva agencies and of Rome/UN Missions provided competition, but I fear the WHO+ team was crushed.

The madcap Blitz tournament followed with 9 rounds of play of five minutes for each player and wildly swinging results, IAEA recovering some of its pride by placing two equal first-place winners.

The good news is that WHO as a whole (including IARC, UNAIDS, UNICCC & UNITAID) finally fielded a respectable delegation of 56 players (including 4 retirees) across virtually all the disciplines and these contributed to top-three finishes in Athletics, Badminton, Beach Volleyball, Cricket and Swimming. That the competitions were intense was demonstrated by the six injuries during the 12 km marathon run when tiring runners stumbled on the downhill part, but also by the successful completion of the course by an 80-year old UNESCO retiree. She experienced a triumphant welcome from all participants!

And adding to the overall success and enjoyment of the Games came the superb Tuscan cuisine (and wines) and visits by many to the nearby towns of Florence, Lucca and Pisa.

Derrick Deane

Emilia Lenghel (ICC, The Hague) and Thierry Perewostchikow (ITU) in the foreground and Bernard Ancel (ITC) and Carmen Marin (IAEA) at the next table.
**READERS’ LETTERS**

**Combatting the abuse of elderly people (QNT 112, page 4)**

While appreciating the efforts made by WHO in combating the neglect and abuse of elderly people, and the role of WHO today in raising awareness, providing guidance, and encouraging commitment by all countries to develop systems to prevent, delay, or reverse declines in physical and mental capacity, I have a grave concern before reaching old age.

Have we considered the new diseases that might soon affect the next generation due to their use of electronic gadgets leading to lack of concentration and exercise (not to mention the violence in games and films) the use of microwaves and consumption of junk food? A possible solution will require the coordinated approach of Governments (Health Ministers), Home (parents), School (teachers).

Recently I was contemplating on how we might prepare our teenagers for the future, at a time when education systems aren’t keeping up with this fast-paced world? To no longer ask our children what they want to be when they grow up or what do they want to study, since many of the jobs today will not exist 10 years from now with the technological change of robotics and artificial intelligence in the world. Instead we should be asking them how they want to contribute to the world when they grow up, to open up their mind to a whole field of possibilities and to a life that is about meaning and contributing.

*Sonia Miskjian*

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**ASTRONOMY**

**The sky for July–September 2018**

You might be forgiven for thinking that the planets are always around to be viewed, but the fact is that quite often only one or two of them are visible at any one time. But now they are all are visible to some extent in the evening sky. The downside is that as seen from the northern hemisphere, all of them are somewhat low in the sky, though they are high up in the southern hemisphere.

At the start of July Mercury leads the procession, which moves from east to west through the sky hour by hour. It is in the western sky just after sunset, though from the northern hemisphere it is very low and gets too close to the Sun to be seen after the third week of July anyway. Venus is next, also low in the western sky though best seen from the southern hemisphere.

Jupiter follows, also towards the west. Then there’s a gap till we get to slightly yellowish Saturn, which is due south in the early evening (or due north in the southern hemisphere), followed by reddish Mars, which is at its closest to Earth on 27 July and so is very bright. These close approaches of Mars occur every two years, and this is a particularly close one, so this is the best time to view the planet through a telescope if you get the chance.

Keep an eye on the Society for Popular Astronomy’s website, [www.popastro.com](http://www.popastro.com), for images of the planets during this season.

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

News from around the World

AFSM-SEARO In the January 2018 edition of Aesculapian, the first-rate newsletter of the Association edited by R L Rai and J Tuli, the front page was devoted to the Regional Director’s New Year Message to staff.

Dr Poonam Khetrapal Singh, the RD, reflected that much had been accomplished in 2017, citing as examples the success of World Health Day 2017, the elimination of measles in Bhutan and Maldives, and she also mentioned the administrative and organizational reforms introduced in the RO. She went on to say, however, that on the eve of a new biennium there is still much to strive for in 2018 and the RO will harness the commitment based on the solid foundations laid in 2017.

The Editorial informed readers of the death of the former Regional Director Dr U Ko Ko on 7 January 2018 and reflected on the late Regional Director’s achievements during his term of office from 1981 to 1994, having joined WHO in 1969. There was also a reprint of the 1995 letter from Dr U Ko Ko to AFSM-SEAR on the creation of Aesculapian.

Under the heading General information mention was made, among many news items, of the 71st FICSA Council, amendments to SHI Rules and the up-coming National Days of countries in the region.

Keith Wynn

AFSM-PAHO/AMRO The February Newsletter from AFSM PAHO was received just after the April edition of our Quarterly News had gone to press, however worthy of mention among the many excellent articles are the Report of the 28th General Meeting of AFSM-PAHO which included an address by Dr Carissa Etienne, PAHO Director in which she underlined PAHO’s positive relationship and interaction with WHO, and thanked retirees for having contributed to forging the Organization’s foundations and achieving its goals in their capacity as staff members.

Articles on SHI and Pension updates, health tips, and a report of the Meeting of the Association of Retired Associations of International Organizations (ARAIO) followed. An interesting “Where are they now?” article features retired staff, in this issue Manuel Kulfas now in Colombia, and catches up with their exploits since leaving the Organization.

The issue closes with reports from Former PAHO Staff in Brazil and Chile. PAHO Newsletters may be consulted on-line at https://www.afsmpaho.com/newsletters for the English editions and at https://www.afsmpaho.com/newsletters-spanish for Spanish editions. Congratulations to the Editor in Chief Marilyn Rice and the Publications Committee for this Newsletter.

The PAHO/AMRO International reunion will be a Caribbean cruise, 5–9 November 2018. AFSM/AMRO extends an invitation to us to join them for a 4-night Caribbean cruise on the Carnival Victory, departing Miami at 4pm on 5 November and returning to Miami at 8am on 9 November. There will be a morning in Key West and a full afternoon and evening at Cozumel, Mexico. Prices (per person, double occupancy) from USD373.05 to USD697.05 and include all meals, taxes & port fees, and gratuities. A USD150.00 per person deposit will lock in the price and final payment is due by August, though registrations can be made up to one week before sailing depending upon availability. Details at www.goexoticvacations.com/group/AFSM, Password: AFSM.

Keith Wynn
AFSM-Eastern Mediterranean. *Smiles from Alexandria*, through the kind efforts of our colleague Cherine El Bakly, the regular organizer of outings, she has once again been successful in gathering a group of 50 former staff and retirees for lunch in an open-air restaurant in Alexandria called ‘Jungle’, to meet and enjoy a sunny spring day, following the sand storms, thunderstorms and floods experienced during the month of April. 

Following the untimely demise of Dr. Mahmoud Fikri, and in response to the invitation extended to retirees by Acting Regional Director, Dr. Jaouad Mahjour, I was privileged to be able to attend, at short notice, the World Health Day, marking its 70th Birthday, and the 40th Anniversary of the Alma Ata Declaration adopted at the International Conference on PHC in Kazakhstan, 6–12 September 1978. The theme this year was “Universal health coverage: everyone, everywhere”, with the slogan ‘Health for All’. The event which was well organized through a Panel discussion of invited dignitaries, and video conference connection with WR Offices in the EM Region plus WHO/HQ, made a successful impact on the audience. This clearly reminded us of the late Dr. Halfdan T. Mahler who was then Director-General and one of the founding pillars of the Primary Health Care approach.

*Sonia Miskjian*

**Cameroon:** Dr Mbam Mbam, retired WHO staff member in Cameroon, informs us that the statutes of the Staff Association of the WHO Office in Cameroon were recently modified following his initiative to include all retired former staff.

Retirees pay the monthly membership fees and in return benefit from all the facilities related to the Staff Association: Information circulars via the e-mail group (covering job opportunities, service or family events etc.) sports activities in the office gym, active staff Retreats, etc.

It is not an Association of Former WHO Staff, but the Staff Association of active WHO staff which has been extended to include retirees.

*Jean-Paul Menu*

**AFSM-AFRO, progress towards the creation of a former WHO staff association.** Efforts to create an AFSM for the African Region have taken a step forward at the meeting between Dr. Kalambay Kalula and Mr. Touloum César, President of the Association of Former Officials of WHO in Congo Brazzaville which all former United Nations (UNAF) officials have recently attended in Gatineau (Canada) from 11–13 May 2018.

During a family visit to Canada, Mr. Touloum accepted Kalula’s invitation to discuss the practicalities that could help to complete the process of creating the Association. It was agreed that the President of AAFNU would serve as the permanent secretariat of the future AFRO AFSM. One of the priority tasks is to request the WHO AFRO Administration to provide a list of former officials and potential retirees for possible recruitment. The project of the statutes, on hold since 2015, will be reviewed by all potential members within 3 months.

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

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\(^1\) Until June 2017 the list of deaths of former WHO staff members was received – albeit irregularly – from UNJSPF via AFICS. This source of reports has for the moment ceased to function. We would kindly ask our members to inform us of the death of former WHO staff members they may learn of, providing us with full name, date of death in DD.MM.YYYY format, and in order for us to verify the names, the approximate employment period at WHO and the WHO office the deceased was employed in.

Deaths already published have not been repeated in this list.

Robert Jean Chapou, died 29 December 2017 in Ferney-Voltaire

Robert Chapou was head of General Supply Procurement department (GSP) in Geneva until his retirement in about 1980. Mr. Karasthatis succeeded him, followed by several temporary heads until the post was for filled for several years by Mr. M Buchwalder.

Robert Chapou was my chief from 1970 until 1980. When I joined WHO he supervised GSP which consisted of four staff members with Suzanne Girard as his assistant and one or two temporary staff were employed during the busy end of the biennium. This office was part of Supply Services (SUP), which had about 40 staff.

I wish to pay this tribute to him because he was a person of great integrity and who excelled in running his service.

\textit{Eliane Valton}

Dr Hugo van der Kaay, died 25 February 2018 in The Netherlands

Our friend and mentor Hugo van der Kaay, maliarologist pur sang, has died after a short illness on 25 February 2018 at the age of 88. Hugo was born and raised on Sumatra, Indonesia, where he and his family survived the horrors of internment camps during WWII. After his medical studies in The Netherlands, Hugo started his career in 1957 with the British Colonial Service in the Adeoyo Hospital, Ibadan, Nigeria.

Hugo joined WHO’s rapidly expanding Global Malaria Eradication Programme in 1959. His career would span the periods of hope for eradication, re-examination of the strategy, research for new control tools, and control. With other leadership recruits, he was first sent on a 4-months course in Jamaica, one of the four Malaria Eradication Training Centres (METC), followed by a centralized final examination in Geneva, where they also met the HQ team. His first posting was as WHO team
leader in Ho, Ghana, where he and his young family would stay for 4 years, briefly interrupted by a stay at AFRO/Brazzaville during Dr Charles’ leave. The project in Ghana included distribution of medicated salt against malaria and was frequented by WHO staff and GMEP trainees. Life-long friendships were formed. In 1963, a WHO fellowship enabled him to study in London for his DTPH under Professor Garnham, and afterwards he went to work with Dr Lepes as the EMRO regional malariologist at the Malaria Eradication Coordination Unit (MECU) in Alexandria. Hugo resigned in 1968 when his wife Rietje and the children could no longer accompany him on his travels. Back in Holland, he built a distinguished career in parasitology and Global Health at Leiden University. Hugo maintained a connection with WHO through a multitude of advisory roles, including as chairman of TDR’s FIELDMAL committee from its inception in 1979 up to 1985; for the WHO Ministerial Conference on Malaria in Amsterdam (1992); and as vice-chair of the WHO Director-General’s Task Force on Malaria Prevention and Control (1996, 1997) that became known for its outspoken views on the need for a strong and independent WHO malaria programme. Hugo inspired and mentored a new generation of Dutch malariologists who continue to be his legacy. He had the gift to see the bigger picture, and his former students ventured into areas as diverse as vaccine research, climate change, field epidemiology, and the management of malaria control programmes. Some later joined WHO. We remember Hugo as a tireless fighter for the causes he believed in. And as a kind, self-effacing man with a big heart who always gave the credit to others. He knew “everybody”. We miss him. Hugo is survived by his four children and 16 grandchildren.

**Aafje Rietveld and Jan Rozendaal**

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**Daphne Olsen, died 25 March 2018 in Denmark**

Daphne was one of the finest and nicest colleagues; those working with her are so sad to have lost such a fine human being. She was one of my friends, with whom I remained in touch over the years.

She struggled with cancer more than once, but never lost her sense of humour. One day, we bumped into each other on the ferry to Sweden, where both of us had dental appointments. Daphne joked about the fact that she was off to obtain a new set of teeth, bravely glossing over the fact that she had lost her natural teeth to the aggressive cancer treatment. Daphne’s personality was warm and kind, so it was very tough for all of us to say goodbye one last time at the funeral on 6 April.

**Jill Conway-Fell**

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**Dorothée Rovaletti, died 8 March 2018**

Our beloved Dorothée passed away on the 8th of March 2018, after a year of suffering and fighting cancer.

Dorothée was born on the 23rd February 1948 in Isérables, a mountain village in the Valais. She came to Geneva with her family when she was still a small child.

She was the first person I met when I joined the Nutrition Unit in April 1976, having arrived at WHO from IARC in Lyon. She helped me enormously to integrate within the administration.
We worked in the same unit for two years and again later in the Personnel Division. During those two years Dorothée showed extraordinary dedication towards one of our colleagues diagnosed with a rare and invasive cancer. Dorothée quickly became a dear friend to both me and my family and always remained so.

She was the most generous and helpful person I have ever known in my whole life. As a great number of people both within and outside WHO could verify. For example, she often helped consultants coming from countries with a much lower cost of living than Geneva by giving them funds from her own pocket to cover Per Diem or salary they had yet to receive.

We will always remember Dorothée and we miss her deeply.

Marion Deichmann

I knew Dorothy when she was HR officer, one of the most helpful, honest, empathetic persons I have ever known in WHO, too bad there aren’t more people like her. I remember we worked together in trying to place a long term staff member, who had been a temp for over 10 years.

The manager was pushing someone else, but together we were able to place the temp. A great woman, caring and everything an international civil servant should be...

Maria Dweggah

Dorothée Rovaletti worked with WHO from October 1971 to November 2006. She started as a Personnel Assistant at G.3 level and worked her way up the echelons to the professional level and finished her career as a P.3 HR officer.

She always worked with diligence and devotion in the recruitment and management of WHO’s most precious resource, it’s staff! Her full career in the human resources and management area of the organization totalled a monumental 35 years overall and ended only in 2006.

She was someone who always had a positive attitude to work and life in general, and often had a good story and a laugh to share. She loved her family and friends and her life outside WHO.

It seems like only a moment has passed since she retired and all of us whose paths met with hers, particularly those of us in HR who worked with her over the years, have fond memories of her.

Sue-Allen Amaudruz

Bernd Dieterich, born 1925, died 8 February 2018 in France

It is with great sadness that we had to bid farewell to Bernd Dieterich last February, more than thirty years after his retirement from WHO, with his colleagues also retired and spread around the globe.

Bernd’s start into academic life in Germany was brilliant despite having lost precious years of youth due to WW II. US universities, first Harvard then Chapel Hill, gave him the academic credentials and stature to become a leading figure at WHO. Initially engaged as a sanitary engineer in the Community Water Supply and
Sanitation unit, he was soon assigned Director, Division of Environmental Health. The Stockholm UN Conference on the Human Environment in 1972 mandated WHO to expand its environmental health programme into monitoring, assessing and controlling of environmental pollution and chemicals. As part of this mandate, Bernd created programme areas in air and water quality monitoring within his department and added new programme areas such as radiation protection, occupational health and food safety.

At the landmark Mar del Plata UN Water Conference in 1977 he secured a leading role for WHO during the International Drinking Water Supply and Sanitation Decade, 1981–1990. The 34th WHA endorsed seven Decade principles which linked the Decade with PHC and the goal of Health for All.

During his tenure, the World Bank-WHO Cooperative Programme, executed by WHO, stimulated investments in water supply, sanitation, hygiene and health on a large scale in many countries. The resulting UNICEF-WHO Joint Monitoring Programme on Water, Sanitation and Health established in 1990 tracked progress towards halving of infant mortality worldwide, achieved today.

The crucial impact of toxic chemicals on human health and the environment highlighted by Rachel Carson’s seminal book ‘Silent Spring’ and, later by devastating industrial accidents, including Seveso and Bhopal, lead to the establishment of the WHO Environmental Health Criteria Programme in 1972, and in 1980, to the WHO/ILO/UNEP International Program on Chemical Safety, for many years the scientific benchmark of national and international legislation.

Bernd has always been a role model for us younger followers, and his generosity in stimulating and supporting his younger staff towards higher professional qualification will be remembered with lasting gratitude. His charismatic leadership and human empathy will remain with us.

Wilfried Kreisel and Richard Helmer

**Frank Gutteridge, died 5 May 2018 in Switzerland**

Frank Gutteridge passed away peacefully on the 5th of May. He joined WHO in 1948 as a legal officer, having completed his legal studies at Cambridge University and the English Bar, and after distinguished service in the British Army during World-War II, for which he was awarded the Légion d’honneur. WHO had just been established, and Frank played a major role in the development of the Organization’s internal law. He became the head of the Legal Office, then the Legal Division in the mid-1960s. He retired early in 1978 and was awarded the CBE.

Frank was what a legal adviser of an international organization ought to be: highly competent, fair, impartial, humane and courageous. He had no hesitation in giving his legal opinions, whether they pleased those who had asked for them or not. He respected all his colleagues and commanded very high respect from all of them.

Frank was very popular within WHO, and among delegations to the World Health Assembly. I was privileged to have worked with him at the Legal Office. His colleagues there listened to his wise counsel, whether it concerned a professional matter, social issue or personal advice. His retirement in 1978 after 30 years of excellent service was a sad day for most of his colleagues. It was also a great loss to WHO of a fair and highly competent legal adviser and a wonderful person.
IN MEMORIAM

His services to WHO have become part of its history.

Frank was probably the last survivor of the generation of staff members who joined WHO in the late 1940s. He left a wonderful wife, Mary, a perfect example of a devoted wife, a most generous person and a great hostess. He also left three sons, and several grandchildren and great grandchildren. His memory will remain forever with all those who knew and loved him.

Sami Shubber

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Hubert George Conway Dixon, born 17 April 1937 in Jamaica, died 29 January 2018 in France

Hubert (known as Hubie) Dixon joined WHO in January 1964 as a Statistician in the Health Statistical Methodology Unit, Division of Health Statistics. He retired in May 1997 as Chief, Health Situation Analysis & Project Unit, Division of Epidemiological Surveillance and Health Situation.

In spite of his impressive full name, Hubie was one of the least pretentious people I know. We were friends from my days in WHO - late 1960s to early 1970s - and our friendship became closer, particularly after our respective retirements.

My WHO memories of Hubie include the WHO bowling team, of which he, together with Jay, John, Esko and others whose names now escape me, was a stalwart member. He was also probably the most intensive user of the ground floor library – he always claimed it was so much easier to work there rather than in the office – far fewer interruptions.

Hubie was a strong and supportive husband, an understanding and loving father and grandfather, and a wonderful friend. He had a sometimes sharp sense of humour, but never with even a hint of viciousness. His love of his vegetable garden in Marlioz was legendary, and we were many to regale ourselves at the Dixon dining table over an expertly prepared meal (thanks to his wife Lynn) featuring home-grown vegetables and fruit.

At his funeral service, Hubie was surrounded by many friends, colleagues and family, some of whom had travelled from Jamaica and the USA to bid him farewell.

Hubie has maybe left us, but he will remain in many hearts for many years to come.

David Hume

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Mariano Postiglione

In the January 2018 News (QNT 110) I learned of the death of Mariano Postiglione with whom I shared an office at the Palais des Nations in Geneva in 1956. He had been kidnapped by Burmese guerillas and it seems, during this time had married a Burmese princess. I believe that Pasquale Caprari our Malaria Advisory Team technician has died in England because his name no longer appears in the 2017 Directory. I think Dr. Zaphiropoulos, with whom I worked in Ethiopia, has also died. Of the Malaria Advisory Team there are just Dr. Pampana, Julian Zulueta, Kyriacos Thymakis and myself remaining.

Pierre H. A. Jolivet
Comment bien vieillir – Stay younger for longer

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

We announced this seminar in our April issue (QNT111) and it was held on 14 May in the large Governing Body Room of the ILO, which was made available to us thanks to the helpfulness of our friend François Kientzler, Executive Secretary, Former Officials’ Section of the ILO. This meeting room provided the capacity to welcome more than 200 participants, most of them members of associations of former staff from ILO, ITU, United Nations (AAFI-AFICS), and WHO (AFSM).

Following a presentation on the principal consequences of the normal and the pathological effects of ageing on mental health, we had scheduled plenty of time for contributions by member associations of the Plateforme des Aînés de Genève, Pro Senectute, Geneva Red Cross, the Institution genevoise de maintien à domicile (IMAD) and Cité Seniors to hear the Swiss perspective and the Centre local d’information et de coordination (CLIC) in the Pays de Gex for the French view. This was followed by questions and comments from the participants.

It was our intention to focus the theme of the seminar on living better rather than dwelling on the negative aspects of ageing and David Cohen reminded us that the three pillars to healthy ageing are: to eat well, to keep your body fit, and to keep your mind active. The choice of the speakers had been planned to strengthen the links of our associations with the local community, thus benefiting all former colleagues.

The seminar concluded with a message of hope “Ageing with passion!” delivered by Ms Bonnie Fatio, Founder of AgeEsteem. Bonnie reminded us that according to a study by Yale University, people who have a positive attitude towards their age live, on average, more than seven years longer than those who don’t.

The Staff Health Insurances of several United Nations organizations had been invited to attend. WHO-SHI and the ILO had delegated observers to be in attendance and we hope that this will have a positive effect on the understanding by our SHI of the specific needs of older retirees.

It must be mentioned that all of those involved, associations, interpreters, rapporteurs and speakers without exception provided their services on a voluntary basis, for which we thank them most sincerely.

A publication of the seminar is planned and when it is prepared will be available in printed form and electronically on the respective websites of the associations.

This seminar was an AFSM initiative and the result of a sustained collaboration over many months between the former staff associations of ILO, ITU, United Nations, and WHO. The previous seminar – on loneliness – had taken place in October 2014. We would like to think that these initiatives are a further demonstration of the usefulness of the former staff associations and that you will be able to convince those of your former WHO colleagues who are not yet members to join AFSM.

Jean-Paul Menu
NEW MEMBERS

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

New Life Members

Funke Bolujoko
Robert Bos
Edith Certain
Pascal Frachet
Samuel Kialanda

Conversion to Life member

Wendy di Silvestro
Margaret Egginson
Alberte & Emin Gezen
David MacFadyen
Josette Nallet
Anne-Marie Rouay
Hans Troedsson

New Annual Members

Eveline Coveney
Carolyn Murphy

FORMALITIES CONCERNING THE DEATH OF A WHO RETIREE

Following the dispatch of this guide with the January 2018 issue, we have received many responses, all favourable. Other Former Staff Associations within the UN have heard about our Guide and have requested our advice.

We are pleased to receive these reactions, but we remind you that no one is perfect and we would welcome your suggestions on how we might further improve the Guide.

We take this opportunity to remind you of our recommendation to start completing the necessary formalities as soon as possible after your retirement.

Once again we wish to thank Michel Fèvre who suggested that we should produce this Guide and prepared the first draft project.

The Committee

REQUEST FOR TAX ADVISERS AND FINANCIAL ADVISERS IN DIFFERENT COUNTRIES

We often receive enquiries requesting the names and details of Tax Advisers and Financial Advisers and whether AFSM retains a list of advisers knowledgeable about tax and financial information in different countries.

We do not presently hold such lists, but with your help we shall try and create one for both of these categories of advisers.

Since some of you may well have had contacts already with such advisers we would like to request you forward to us at afsm_aoms@who.int the full contact details of any advisers you would feel comfortable recommending to other members. We would need their names, addresses, telephone numbers, e-mail addresses and web addresses. We will not divulge the source of our information, and we shall stress to members that previous satisfactory results are not a guarantee of future satisfaction.

Please try to help us and, through AFSM, many of your fellow retirees. Thank you.

The Committee