Informed opinion and active co-operation on the part of the public are of the utmost importance in the improvement of the health of the people (WHO, Basic Documents, 47th Edition, 2009)

The Director-General Dr Tedros Adhanom Ghebreyesus, with Dr Mahler’s two sons (left: Dr Per Bo, right Dr Finn)

The photos are from Marc Karam
A view of the Assembly (photo JP Menu)

Dr Gunn giving the medal to the DG.

During the coffee-break

Photos Marc Karam
(other photos are in the French version)
EDITORIAL

This October is the month of our General Assembly, of our Reception, of vaccination against the flu; as our members know (but not necessarily the new ones), we hold our AGM every other year, in alternation with the election of the Committee.

This year’s GA is of particular importance. Indeed, like the late Dr Lee in 2005, the Director-General Dr Tedros Adhanom Ghebreyesus wished to attend our Assembly personally. He even went further: he considers that retirees are still part of WHO and is considering appointing someone in his office to define and maintain a link with the retirees (see photos on page 2 and the report of the Assembly which will appear in QNT 110 in January but can already be seen on our website).

It is now three years since our annual reception, which was previously held in December, was moved to October, much more convenient due to the season.

Influenza vaccination took place on October 3 and 10 with the usual success (see page 20); a report on the annual Reception on 19 October will also appear in QNT 110.

David Cohen

Important contacts
AFSM: see on page 1
Health Insurance (SHI): +41(0)22 791 18 18; in case of absence, please leave a message: someone will call back,
Pensions: (contact by email is no longer possible)
Write via the “Contact us” link on the Fund’s website: https://www.unjspf.org
Geneva tel.: +41 (0) 22 928 88 00
New York tel.: +1 212 963 6931
Remember to have your Unique ID number handy or your Pension Fund reference number.
Our health

Rhythm disorders – Arrhythmias

The heart is divided in four cavities: two auricles and two ventricles. The right side receives the blood that carries carbon dioxide (CO₂) from the organs of the body and sends it to the lungs where this gas is eliminated and replaced by oxygen. Once the blood is re-oxygenated, it returns to the left side of the heart which pumps it to the body. To accomplish this role, the two parts of the heart contract simultaneously with a very precise rhythm: at rest, 60 to 100 beats per minute.

Atrial fibrillation: Atrial fibrillation is an arrhythmia with beats that are rapid, disordered and ineffective. The ventricle compensates a bit, but eventually the heart muscle can get tired and heart failure takes hold.

Flutter: Very rapid regular beats of the auricle, of which only 1/3 to 1/2 are transmitted to the ventricle.

Ventricular fibrillation: Arrhythmia affecting the ventricle, which is extremely serious with risk of death if defibrillation is not carried out promptly.

Causes
Interruption or blockage of the electrical stimuli which cause the cardiac musculature to contract results in disturbance of the cardiac rhythm. Quite often there is no organic cause.

Diseases and other factors which may lead to cardiac arrhythmias:
- Calcification of the arteries, i.e. atherosclerosis
- Cardiac insufficiency
- Valvulopathy
- Myocarditis
- Hyperthyroidosis
- Certain medicines
- Electrolyte imbalance/deficiency
- Congenital heart conditions
- Abuse of alcohol, cigarettes, and drugs
- Hypertension

Symptoms
- Heartbeats which are appreciably too slow, too rapid or irregular
- Dizziness
- Deterioration of the general condition
- Anxiety, agitation
- Retro-sternal pain
- Respiratory distress
- Episodes of sweating
- Loss of consciousness (syncopa)
- The arrhythmia can be asymptomatic
Diagnostic
- based on medical history, taking into account the patient’s symptoms
- Physical examination (measurements of the pulse)
- Electrocardiogram (ECG) at rest and during effort

Treatment
The treatment of cardiac arrhythmias depends on the factors or diseases which are responsible for the disorder. First of all, it is necessary to treat any underlying condition, and to manage or eliminate risk factors such as excess weight, consumption of drugs or medicines, and hypertension.

Medicines
Certain medicines, which contain different active principles, are on the market (amiodarone, flicaine...). Administration of an anticoagulant is usually necessary because a clot can form in the auricle following atrial fibrillation; the clot can then be carried to the brain, causing a stroke.

Possible invasive or surgical measures
- Cardioversion (treatment by electric shocks to the heart). The heart resumes its normal rhythm, but can become de-regulated again, requiring further electric shock therapy.
- Examination by cardiac catheter, and simultaneous elimination of the arrhythmia (ablation by radiofrequency). This involves insertion of a catheter containing a mini-camera and electric wire into the heart via the femoral vein; the zone responsible for the anarchic contractions is then destroyed by burning.
- Insertion of a cardiac stimulator (pace-maker).
- Insertion of an automatic defibrillator: This has the advantage that it not only increases the heart rate if it is too low, but reduces it if it is too high.
- Cardiac surgery: Operation to repair or replace a valve, carry out a bypass, or heart transplant.

Possible complications
Complications may occur when cardiac arrhythmia persist, as in the case of cardiopathies such as coronaropathies, cardiomyopathies, valvulopathies or myocarditis that have damaged the myocardium to a point at which it can no longer carry out adequately its function as a pump so that the circulation of the blood is affected. The most serious form of cardiac arrhythmia, ventricular fibrillation, necessitates urgent treatment by electric shock (defibrillation). If untreated, it can lead to the death of the patient.

Preventive measures
The majority of cases of cardiac arrhythmia resolve following treatment of the underlying conditions. The risk factors, such as excess weight and excessive use of tobacco or drugs, must be eliminated or reduced. As the cardiac arrhythmias are often associated with situations of stress or anxiety, stress reduction and relaxation methods can be useful.

Dr David Cohen

Anecdote How many readers have spent years trying to keep their head out of the way of the slanting stone pillar by the front door of the main WHO/HQ building? For the first time since the inauguration of the building in May 1966, workmen put up some protection in the morning of 16 August - see the photo - one wonders what incident finally prompted some protective action?

SBT
Future of Investments

Since my previous article (QNT 107, April 2017 of WHO AFSM and AAFI-AFICS Bulletin of June 2017, the UN Joint Staff Pension board (JSPB) met in July 2017 in Vienna with the participation of its tripartite membership (Governing bodies, Executive Heads and Participants) the retirees being present as Observers through FAFICS (Federation of Associations of Former International Civil Servants). During and subsequently, we received many letters from different sources – complaining and rebutting. For instance, the Staff associations of UN again launched calls against the CEO of the Fund – Sergio Arvizu – and protested against some procedural steps of the Board. The Chair of the Board rebutted the charges and the retirees have little clue as to what is happening. The term of employment of the CEO has been extended by three years instead of the usual five years. Prior to the Board, the new SG – Mr Gutteres – opened the post of his Representative in charge of investments of the Fund (RSG) for recruitment. Carol Boykin, the current RSG, can also apply and seemed quite cheerful during the Board. The investments are handled by the Investments Management Department (IMD) under the RSG.

Coming to the question of the investments, the leadership of the current RSG does not appear to have been very fruitful. The Fund set 3.5% as the annual targeted real return (i.e. after adjusting for inflation) and it has not been met during the past three years. The Assets and Liability Management Committee, an independent advisory committee, remarked that the Fund achieved lower than expected rates of return in 2014, 2015 and 2016 – also below what the market achieved. The first five months of 2017 reflected similar performance although Ms Boykin claims that the last two months has seen a surge in rate of return – a phenomenon observed in the equity markets worldwide.

When Ms Boykin was appointed to her current functions, the UN Press Release on the appointment noted her appointment with the comment that “Ms Boykin brings to the position extensive experience that combines her investment acumen, management expertise and scholarly research” (SG/A/1504-BIO/4631 of 10 Sep 2017). However, my own search has not uncovered evidence of scholarly research. As I remarked in my previous article, when she was the investment officer of Maryland state employee pension fund from 1999 to 2003, the fund was apparently ranked one of the last among the state pension funds. We have no public record of her achievements as President of Bolton Partners Investment Consulting Group in Maryland, a consulting firm, where she served before being appointed at UN.

This leads me to make some personal observations about appointments of high officials in the UN system. Was Ms Boykin supported by high officials in the US Treasury? The Executive Heads of the UN organizations are not usually known for standing up to pressures from governments – especially the USA. In addition, the SG has not submitted any observation on the RSG’s performance since her appointment – a hiatus highlighted by the UNGA resolution in 2016 (A/RES/71/265) which called for such reviews.

The other fact of some concern is that the SG may not have any personal stake in the performance of the assets of the Fund. Many of the elected DG’s of UN agencies recruited from outside do not contribute to the Fund – as is required of all other staff – and the contributions of the Organization (approx. 15.8% of pensionable remuneration) are added to their emoluments. Whether the previous SG is included among these officials, I do not know.

The second point of contention is the absence of any oversight body to look after the investments. Apparently the SG, and his top advisers, have resisted any call for such bodies or any dilution of his exclusive authority (information provided in a Staff Pension Committee meeting). There is a body of external experts called the Investment Committee which serves as an advisory group to the IMD. However, its remit has been diluted by the resignation of its long-term chair – Mr Pictet of Switzerland – four years ago, and the introduction of a rotating Chairmanship. A rotating chairmanship can scarce exercise a regular oversight function.
The other somewhat strange phenomenon is the lack of any concrete proposals from either the Participants or the FAFICS which included a past RSG before his retirement. Although observations on the performance of the investments of the Fund have been made, no corrective action has been proposed.

No scheme has been put in place to compare the performance of the Fund’s investments to some well-accepted market benchmarks on a continual basis. In addition, the statements of the CEO of the Fund and the RSG brush aside all criticisms and portray a rosy picture which is detrimental to the perception of their managerial competence.

What we need now are the following:

1) Introduction of a systematic monitoring system to measure the performance of the investments of the Fund against well-accepted benchmarks;
2) Strengthening of the Investment Committee and appointment of a Chair on a medium or long term basis;
3) Appointment of an RSG through a transparent selection process.

If we allow the investments of the Fund’s assets to remain exclusively the responsibility of the RSG, or the SG (who usually is neither an investment expert nor has the time to exercise his supervisory function with his heavy workload), we may be confronted with a untenable future balance of the assets. After all, a fund of close to 60 billion USD is a very attractive target for many global financiers.

(The above are personal observations of the author and do not necessarily reflect the viewpoint of either AFSM-AOMS or AAFI-AFICS)

Dev Ray

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Communicating with the Pension Fund - New Procedures

Some of you may have encountered a problem in trying to communicate recently by email with the Pension Fund.

The AFSM Executive Committee has contacted the ever-helpful Geneva Pension Office and we understand from them that UNJSPF procedures have recently changed and email addresses have been withdrawn. We raised the following points:

AFSM: What is your new email address?
UNJSPF: For email contact, there is no longer an email address for Geneva: both New York and Geneva email addresses have been substituted by the UNJSPF website.

AFSM: Have the telephone numbers changed or are they still valid?
UNJSPF: The telephone numbers remain the same.

AFSM: Do retirees have to register on the Member Self Service (MSS) of the Pension Fund prior to contacting the Fund?
UNJSPF: There is no need for retirees to have registered on the MSS prior to using the “Contact Us” page on the website. However, they will need to know their Unique ID number.

AFSM: Can the retiree still choose to direct his/her enquiry to the New York Office or the Geneva Office?
UNJSPF: No, retirees cannot choose where to direct their query. Depending on the retiree’s place of residence, the system will direct the query to either Geneva or New York.

The AFSM’s recommendation is that you go to the Fund’s website https://www.unjspf.org in English or https://www.unjspf.org/fr/ in French for general information and navigate the site from there. If you wish to register to use the Fund’s Member Self Service (MSS) to access your account, look for the tab “Login”. If you need to write to the Fund, as indicated above, you must now send your inquiry through the Fund’s website - look for the tab “Contact us”. Please always remember to include your Unique ID number or your Pension Fund reference number in all communications.
As readers are aware, Dr Tedros Adhanom Ghebreyesus took up his position as Director-General on 1 July. In his address to staff on 3 July, he highlighted three areas of focus:

- Implementing leadership priorities and measuring results
- Delivering results, value for money, efficiency and earning trust
- Reinforcing a talented, motivated and engaged staff.

He has been consulting many staff and has pledged to have regular “Town Hall” meetings every three months, weekly meetings with Assistant Directors-General and monthly meetings with HQ Directors. Dr Tedros has also set a regular time to meet with any staff who wish to talk to him. On taking office, he asked the senior management staff to stay on for a few more months until he appoints his leadership team. A working group has been established to usher in staff-driven change and a spirit of continuous improvement. We will keep you informed of changes as we learn about them.

Concerning other WHO events, a few are highlighted below:

- For readers interested in health by numbers, in mid-July, WHO issued figures on the cost of a healthier world¹ and on 17 July the SDG Health Price Tag was published in The Lancet²
- In the lead-up to the Paris AIDS conference from 23-26 July, WHO prequalified the first generic version of sofosbuvir, a critical medicine for the treatment of hepatitis C. WHO pre-qualification means the product can now be procured by the United Nations and financing agencies such as UNITAID.
- In mid-August, the Sultanate of Oman was highlighted for helping to beat non-communicable diseases at souks and bakeries – Oman is one of several WHO selected countries receiving support to fast-track progress towards nine global targets to prevent and control such diseases
- Also in August, for the first time in three years, WHO delivered almost 30 tons of medicines and medical supplies to health facilities in Al-Qamishli, Syria
- On the occasion of World Humanitarian Day celebrated on 19 August, in collaboration with the International Committee of the Red Cross, Médecins sans Frontières, the UN Office for the Coordination of Humanitarian Affairs (OCHA) and the UN Office at Geneva, WHO drew attention to the need to protect patients, health workers and hospitals – they should not be targets during conflicts as they provide life-saving assistance to all who need it, without discrimination. Healthcare is #NotATarget

- On 28 August, Her Royal Highness Princess Chulabhorn of Thailand visited headquarters and spent time with staff in the Department of Control of Neglected Tropical Diseases to discuss the global target of achieving zero human rabies deaths by 2030. The Princess chairs Thailand’s anti-rabies campaign. World Rabies Day is held on 28 September.

- September-October is the time of year for meetings of the Regional Committees:
  - 28 August – 1 September, Sixty-seventh session of the Regional Committee for Africa, Victoria Falls, Zimbabwe
  - 6-10 September, Seventieth session of the Regional Committee for South-East Asia, Malé, Maldives
  - 11-14 September, Sixty-seventh session of the Regional Committee for Europe, Budapest, Hungary
  - 25-29 September, Sixty-ninth session of the Regional Committee for the Americas, Washington, DC, USA
  - 9-12 October, Sixty-fourth session of the Regional Committee for the Eastern Mediterranean, Islamabad, Pakistan
  - 9-13 October, Sixty-eighth session of the Regional Committee for the Western Pacific, Brisbane, Australia.

² http://www.thelancet.com/journals/langlo/article/PIIS2214-109X(17)30263-2/fulltext

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

Sue Block Tyrrel
The new HQ senior leadership team

On 3 October, Dr Tedros announced his senior team to help him lead WHO.

Two Deputy Directors-General:
Dr Soumya Swaminathan, former Secretary of the Department of Health Research and Director-General of the Indian Council of Medical Research - DDG for Programmes, and Jane Ellison, former Special Parliamentary Adviser to the United Kingdom’s Chancellor of the Exchequer - DDG for Corporate Operations
Dr Peter Salama remains in his role as Executive Director of the Health Emergencies Programme

Eleven Assistant Directors-General:
Dr Bernhard Schwartländer of Germany, former WHO Representative in the People’s Republic of China - Chef de Cabinet
Dr Naoko Yamamoto, former Senior Assistant Minister for Global Health in Japan’s Ministry of Health, Labour and Welfare - ADG for the Universal Health Coverage and Health Systems
Professor Lubna Al-Ansary, former Professor of Family Medicine at the College of Medicine and Head of the Clinical Practice Guidelines Committee at King Saud University, Saudi Arabia - ADG for Metrics and Measurement
Dr Svetlana Akselrod from the Russian Federation, former Coordinator at the WHO European Office for the Prevention and Control of Non-Communicable Diseases - ADG for Non-Communicable Diseases and Mental Health
Ambassador Michèle Boccoz, former Ambassador for the Government of France’s fight against HIV/AIDS and communicable diseases - ADG for External Relations
Dr Ranieri Guerra, former Director-General for Preventive Health and Chief Medical Officer of the Italian Ministry of Health - ADG for Special Initiatives
Dr Ren Minghui, former Director-General for International Cooperation in the National Health and Family Planning Commission of the People’s Republic of China, and former ADG for HIV/AIDS, Tuberculosis, Malaria and Neglected Tropical Diseases, will continue his work under the new title of ADG for Communicable Diseases
Dr Mariângela Batista Galvão Simão from Brazil, former Director of Community Support, Social Justice and Inclusion at UNAIDS - ADG for Drug Access, Vaccines and Pharmaceuticals
Dr Princess Nothemba (Nono) Simelela, an obstetrician, former Special Advisor to the Vice-President of the Republic of South Africa, supporting the country’s National Strategic Plan for HIV, TB and Sexually Transmitted Infections and reviewing the country’s Expanded Public Works Program - ADG for Family, Women, Children and Adolescents
Mr Stewart Simonsen, former Legal Advisor for the Crudem Foundation and former Senior Vice-President and General Counsel to the Futures Group Global, LLC, and with experience in the US Department of Health and Human Services - ADG for General Management
Dr Joy St John, former Chief Medical Officer of Barbados – ADG for Climate and Other Determinants of Health

Additional details on the team members can be found on the WHO website - http://www.who.int/mediacentre/news/statements/2017/new-leadership/en/

Sue Block Tyrrell

News from the Regions

AFSM-PAHO: The July issue of their Newsletter (English and Spanish) can be consulted on the website of the Association: https://www.afsmpaho.com/

AFRO: In August our friend Kalula Kalambay (kkalula@gmail.com) sent to his mailing list a short News Bulletin. Those interested and not on his mailing list may wish to contact him to receive it or to contribute,

We receive the Noticerio AFICS Argentina, the Newsletter of AFICS-Argentina www.aficsargentina.net.ar edited by Isabel Narvaiz Kantor, Antonio Pio and Caty Iannello. The Association has 233 members, the largest group being from WHO and PAHO with 76 retirees. Antonio Pio, President emeritus, is a member of AFSM-Geneva. Most issues of the Noticerio carry reprints from our own Quarterly News. Its October-December issue, for instance, carries Spanish translations of articles by David Cohen and Maria Dweggah, Norman Sartorius, Ann Van Hulle Colbert and Jean-Paul Menu which appeared in QNT 108 of July 2017. Thank you, Isabel, Antonio and Cati.
Two famous female writers, who both died 200 years ago

Germaine de Stael, a passionate woman of letters, died on July 14, 1817, at the age of 51.

Anne-Louise Germaine Necker, who later became the Baroness of Stael-Holstein by marriage, was born in Paris in 1766. She was the daughter of Jacques Necker, the Minister of Finance to Louis XVI. Jacques Necker was the youngest son of a Geneva family of German origin, he had been sent to Paris to begin his studies in banking. He did so well that he amassed a small fortune by speculating on cereals...

He advised Louis XVI to implement reforms which, if they had been applied, might perhaps have avoided the Revolution. But Louis XVI, yielding to the pressure of the Court, dismissed Necker: some historians have conjectured that this dismissal was one of the immediate causes of the events of July 1789.

All this to say that the young Germaine (Minette, to her parents) received a first class education in the very privileged environment of the drawing room where her mother (née Curchod) also received the most influential society of the French capital. Furthermore her parents wished for their only daughter to be educated more like a boy and to be introduced to science, literature and the arts at an early age. Nurtured by the spirit of the Enlightenment, Germaine was at first enthusiastic for the Revolution, and was later perturbed by the aberrations and excesses of the new regime. She was even obliged to leave Paris, and, like many at the time, welcomed the arrival of Bonaparte, the restorer of order. She convinced herself that such a genius needs an inspirer, a muse, and she saw herself playing this role well. Alas, Bonaparte paid no attention and eventually exiled her in 1803 when, infuriated, she became an embarrassment.

Germaine departed for Coppet in the canton of Vaud (Switzerland), where her father had bought a chateau in 1784. This became the rendezvous of the European intellectual elite. Lord Byron, Chateaubriand, Benjamin Constant, Francois Guizot, the Royal Prince of Prussia, to name but a few, stayed at Coppet and exchanged ideas. They were attracted to the chateau at Coppet by the spirit of Germaine, the Mistress of the house, but also by the presence of the beautiful Juliette Récamier who Germaine contrived to make an accomplice. Coppet became not only a fortress of anti-totalitarianism and liberalism, but also the melting pot of literary romanticism. The influence of Germaine and her circle of friends and lovers became so great that it was said that “in Europe we must count three powers: England, Russia, and Madame de Stael.”

But, in parallel with political action, she wrote a literary work that was, in its time, to exert a great influence. It began with an essay entitled “Of the influence of Passions on the happiness of individuals and of Nations,” published in 1796.

The whole being of Germaine is in this title. Passions like the quest for individual and collective happiness continued to occupy her until the end of her life. She wrote novels like Corinne and Delphine, but above all she had a profound influence on her contemporaries, writing From Germany, a book in which she advocated the building of a Europe of intellectual and philosophical liberties, while revealing the German soul to an intelligentsia which had hitherto rather turned towards the Mediterranean world. Like her neighbour Jean-Jacques Rousseau, she was far ahead of her time and we are only now rediscovering this in the light of contemporary events. Germaine barely survived the fall of the “tyrant,” since she died two years after the dissolution of the Empire. She is buried near to her parents in a tomb built in the grounds of the chateau in Coppet, which is still owned by her descendants, the Haussonville family. [1]

Exhibition: Germaine de Staël and Benjamin Constant. The spirit of freedom. Martin Bodmer Foundation, Cologny (Geneva), from 20 May to 1 October 2017. Information: info@fondationbodmer.ch

Jean Leclercq
Jane Austen

By the strangest of coincidences, Jane Austen, the near-mythical English writer, died aged 41 on July 18, 1817, just four days after the death of Germaine de Stael.

In September 2013 it was announced by the Governor of the Bank of England (aka "The Old Lady of Threadneedle Street") that it had been decided that a new £10 note would be issued in 2017 in honour of Jane Austen the English writer, and to include with her portrait a quotation from Miss Bingley, in "Pride and Prejudice"

"I declare after all there is no enjoyment like reading!"

And to continue with coincidences, £10 is also the sum that Jane Austen received for her first publication.

Earlier on the Bank of England had planned to dedicate this new £10 note to Sir Winston Churchill or Charles Darwin (according to different sources), but the choice of Jane Austen responded to the demands of feminist circles who were motivated by the fact that no portrait of a woman had ever appeared on a British banknote (putting aside the fact that a representation of Queen Elizabeth II adorns every bank note, coin and postage stamp issued in the United Kingdom!). The Treasury hesitated - would it be a discriminatory act against men to admit such an argument? Eventually, Jane won over Winston and Charles.

On this 200th anniversary of the death of Jane Austen, the bank note with its portrait of Jane Austen became British currency. So, if 2016 belonged to Shakespeare and Cervantes (Two giants of literature die on the same date 400 years ago), 2017 is the year of Jane Austen. There has already been a deluge of books, articles, festivities and other events to celebrate the Austen Year. Magazines such as The Economist ("Jane Austen, 200 years on") and newspapers such as the New York Times ("Charting Literary Greatness with Jane Austen. The Austen Legacy: Why and How We Love Her, What She Loved") have published fascinating articles, once again placing Jane Austen in her literary and sociological contexts. Even the French press paid tribute to this much-loved writer

1. The Economist 13.07.2017
3. See, for example the article, «En lisant Jane Austen, notre époque avoue sa nostalgie pour l’authenticité du sentiment » - Revue Des Deux Mondes or Un thé à Bath avec Jane Austen. La Vie, Paper edition, August 3 to 9 2017, p. 66 to 68,

Jean Leclercq

These two articles are reproduced with the kind permission of Jean Leclercq from the blog: http://www.le-mot-juste-en-anglais.com/ he produces with Jonathan Goldberg
The Gironde Estuary and the Garonne
May 15th to May 20th 2018 - 6-day Cruise
BORDEAUX - PAUILLAC - BLAYE - LIBOURNE ou BOURG – SAINT-EMILION - BORDEAUX

1st Day: Geneva - Bordeaux
Flight from Geneva to Bordeaux
Boarding between 6pm and 7pm. A welcome cocktail and introduction to the crew. Dinner on board, followed by an evening welcome.

2nd Day: Bordeaux - Pauillac or Cussac-Fort-Médoc
We descend the Garonne and then take the Gironde, we will pass by the islands of Cazeau and Patiras before arriving at Pauillac. Afternoon, excursion: discovery tour of the great wines of Médoc, a small corner of the world that brings us the most prestigious red wines on the planet. Lively evening. Night stopover.

3rd Day: Pauillac or Cussac-Fort-Médoc - Estuary of the Gironde - Blaye
Early morning departure and cruise to Blaye. Excursion: the Corniche road and visit to the Blaye fortress built by Vauban. Cruising along the Gironde to the estuary. An evening of dancing. Night stopover.

4th Day: Blaye – Libourne or Bourg - Saint-Emilion
Departure of the cruise, direction Libourne. Nestled at the junction of the rivers Isle and Dordogne, over the centuries Libourne has accumulated an enormous heritage. Excursion to Saint-Emilion: visit to the medieval city and its famous monolithic church carved into the limestone rock, then a little wine tasting! Return to Libourne. Gala evening. Night stopover.

5th Day: Libourne or Bourg – Bordeaux
Sailing to Bordeaux which we will reach in the morning. A city classified as a world heritage site by UNESCO. Evening show by the crew. Night stopover.

6th Day: Bordeaux - Geneva
Buffet breakfast on board. Then disembark at 9am. Return flight to Geneva.

Ship: MS Cyrano de Bergerac, 158 passengers, 5 anchors, 3 decks lift, Wifi
Price all inclusive: cabin, full pension including, table and bar drinks, all excursions, transfer Geneva – Bordeaux return:
Cabin, double: main deck 1’550 €, middle deck 1’650 €, upper deck 1’660 €
Cabin, individual: main deck 2’200 €, middle deck 2’290 €, upper deck 2’310 €.
Booking by e-mail: c.hager@bluewin.ch
or by post: Hager Charles, Rte de Chêne 64c, 1208 Genève
Astronomy

Skies for October – December 2017

What is the farthest you can see? For most people it is the Andromeda Galaxy, the nearest large galaxy to our own Milky Way. Photos show it as a vast collection of stars, but while you can see it with the naked eye in reasonably dark skies, even this giant galaxy is quite small so you have to know exactly where to look. Your starting point is the Square of Pegasus, a large quadrilateral of moderately bright stars in an otherwise fairly barren sky at this time of year. Look south in the northern hemisphere, and north in the southern. Follow a diagonal through the south-western and north-eastern corners of the Square, and at about the same distance again you should spot the Andromeda Galaxy, catalogue number M31. One of those night sky apps on your phone will help if you have one. Binoculars will show a faint oval of light, and once you know where it is you can see it unaided, though it may help to look slightly away from it – what astronomers call averted vision – as your retina is more sensitive away from the centre of vision. It is quite low as seen from the southern hemisphere. The Andromeda Galaxy is 2.5 million light years away. So the light from it began its journey even before humankind began. What alien eyes are looking towards us, and seeing a similar sight?

To learn more about astronomy, visit the Society for Popular Astronomy's website, www.popastro.com.

Article kindly provided by the British Society for Popular Astronomy

International Day of Older Persons

This event was celebrated at WHO headquarters on 2 October, focusing on Universal health coverage in an era of population ageing. The WHO Guidelines on Integrated Care for Older People were launched by the Department of Ageing and Life Course. The session was opened by Dr Tedros Adhanom Ghebreyesus who emphasized the need for a paradigm shift from considering older persons as dependents to helping them remain healthy and productive – to convert the thinking “from a silver tsunami to a silver dividend”.

A video message followed from Mr Vu Duc Dam, Deputy Prime Minister of Viet Nam, focusing on the need to harness the wisdom of older people and improve policies to provide them with better health care and promote their participation in society. His Excellency Mr Junichi Ihara, Ambassador and Permanent Representative of Japan, and His Excellency Mr Sek Wanamethee, Ambassador and Permanent Representative of Thailand, summarized the efforts in their countries to ensure universal health coverage, especially for older persons. Mrs Elvire Aronica, Déléguée adjointe aux Affaires européennes et internationales, France, referred to the national plans to enable older persons to maintain autonomy and receive care at home. Mrs Omowunni Cosmas, Founder of Hope for the Old Foundation in Nigeria, shared information on the work of her foundation to provide support, care and social activities for older persons.

A discussion followed, with brief comments by the Directors of several WHO departments, including Health Workforce – the skills and competences required to support older persons; Service Delivery and Safety – the need to fill the gaps in caring for older persons; and Health Systems, Governance and Financing – how to finance universal health coverage. The Head of Gérontopôle summarized the work of the new Collaborating Centre for Frailty, Clinical Research and Geriatric Training in Toulouse; the Vice-Chair of the NGO Committee on Ageing referred to ageism and the need to prevent discrimination; and the AFSM President, on behalf of the AFSM and the Association of Former International Civil Servants (AFICS), Geneva, pledged continuing support by the associations of retirees to the work of all the players involved in improving the health and productivity of older persons. In spite of all what has been said, however, he quoted an AFSM member who had stated that “Ageing is definitely not for the faint hearted”.

The event was well attended and a few AFSM members were able to join us.
In memoriam

Dr Michel Thuriaux, 1939-2017

It is with great sadness that we announce the death of our former colleague and friend, Michel Thuriaux. Increasingly handicapped by Parkinson, which he had self-diagnosed a decade earlier, he passed away peacefully on July 26, 2017, with the help of the LifeCircle association near Basel, surrounded by his sons Ben and Damien and a close friend.

Dr Thuriaux, a Belgian national, was born in what is now the Democratic Republic of Congo, where he spent 11 years of his childhood and adolescence. He served as a general practitioner in Algeria and in Yemen, and, after training in epidemiology at the London School of Hygiene and Tropical Medicine, he joined WHO in Cameroon, where both his sons were born. After further postings in Iran and Niger, he was recruited by the WHO Regional Office for Europe in Copenhagen. There, he started work with the team producing the first revision of the International Classification of Impairments, Disabilities and Handicaps (ICIDH). From 1992, he pursued this work at WHO Headquarters, using wit, humour and empathy to help bridge concepts and classifications. A passionate advocate for people with handicaps and disabilities, he contributed to the introduction of measurements such as quality of life and disability-free life expectancy. A list of his publications can be found at https://www.ncbi.nlm.nih.gov/pubmed/?term=Thuriaux%20MC%5BAuthor%5D&cauthor=true&cauthor_uid=7787193.

A loving father and grandfather, Michel Thuriaux was also an erudite polyglot with a deep love of art and literature and a lifelong attachment to Africa. Totally bilingual in English and French, with fluency in Flemish, German and Spanish, he knew some Farsi and Arabic and tossed off quotations in Latin with ease. He had an editor’s eagle eye in both French and English, and astounded his English-mother-tongue friends by besting them at Scrabble. He was also a music-lover and singer, “graduating” from tenor to baritone later in life, and took part in the short-lived WHO Choir in the 1990s.

Michel’s deep empathy for others was undoubtedly his most memorable quality. As his former colleague Martha Anker recalls, he was always the one to draw attention to the ethical dimensions of a health issue. He was an active member of WHO Geneva’s sex equality group, Fifty-Fifty. And during the darkest hours of the AIDS epidemic, before antiretrovirals, when an HIV diagnosis was tantamount to a death sentence, Michel repeatedly volunteered in Geneva to “accompany” patients on their difficult journey, offering private aid and personal assistance to so many seeking a reasonable way to live and die in dignity.

A cultured, artistic and generous man, Michel Thuriaux will be missed by those who were fortunate enough to see past his pudre and reserve to his rare combination of qualities.

Suzanne Cherney

William John Towle: Feb 7, 1937 to June 23, 2017

Bill Towle died at home in Maine of oesophageal cancer at age 80. Born in Richmond, Maine he received a four year scholarship to the Massachusetts Institute of Technology graduating in 1963 with three degrees in Aeronautical Engineering. In 1958 he married his lifelong mate, Faith Webber. He was granted a Fulbright scholarship to Delft University in 1960. Bill had three principal jobs – the first was in Los Angeles. In 1972 his family moved to New Delhi with their two sons to work in WHO/SEARO – where he spent five years working in public health ministries in Thailand, Nepal, Indonesia and Bangladesh. After spending a brief time in Washington DC area, he moved to WHO Geneva where he worked for 14 years until his retirement.

During his stay in Geneva, he could indulge in his love of outdoor life and wanderlust. At 60, he returned to Maine to start a career in portfolio management. He had a long list of clients including many friends from WHO and continued to invest for them until the end of May 2017. During his last 20 years in Maine, he became very interested in forestry and travelling around the world – Australia, New Zealand, China, Turkey and others. His final trip – in his “bucket list” –
In memoriam

was to Malta in January 2017. Losing his younger son, Steve, at age 36 in a skiing accident was very painful to the parents. He continued to interact with the family of his elder son Andrew as well as that of his younger son. Bill had a special, active life full of fascinating experiences. He will be missed by many whose lives he touched.

Faith Towle, wife of Bill

Dr Joseph Kasonde

Born 30 January 1938 in Mazabuka, Zambia, died 25 August 2017 (aged 79) at the University Teaching Hospital, Lusaka, Zambia.

Dr Joseph Kasonde was given a State Funeral on Tuesday, 29th August 2017. There are not many former Ministers of Health who receive such respect. The respect shown reflects the difference that Joe Kasonde made to the lives of so many people in Zambia, in other countries of Africa, and to other parts of the world.

A medical doctor by training, he served Zambia as a Medical Officer, working in the Ministry of Health from early on in his career, and later, after many years of working internationally with the World Health Organization and as adviser to many inter-country initiatives to promote research in reproductive health, Dr. Kasonde returned home to serve his country as Minister of Health, promoting a health system that worked with compassion and quality of care. What many people do not know about Dr. Kasonde is that he also made a difference to many people in Europe, particularly in Eastern Europe.

In the 1990's Dr. Kasonde was responsible for the promotion and support to Reproductive Health Research in the WHO Programme for Research in Human Reproduction. He was one of the first international Public Health professionals to recognize the need of the then poorly resourced Eastern European countries to receive support for innovative approaches to research in reproductive health. He became an advocate of attracting resources to respond to this need, and helped to establish the European Regional Advisory Panel.

His approach was also marked by a rare human gentleness and integrity, which gave his advice credibility and endeared him to those he worked with.

He will be greatly missed by the Public Health Community, and our thoughts go out to his family in these difficult times.

Dr. Assia Brandrup-Lukanow

Former Section Head, Family and Community Health, WHO EURO, Specialist in Public Health Medicine


Born in Bourg en Bresse on April 2, 1940, after various studies and jobs she joined WHO in 1975 at the HRP programme and devoted herself fully to her work until the age of retirement in April 2000. Gabrielle was a kind woman, full of humour and enthusiasm, she was very fond of theatre and travelling. Annette her daughter, Nicolas and Priscilla her grandchildren and I have lost a pillar of our lives. We are sad

Paul Puget, his husband

Brian Doberstyn died on 5 September 2017 - an obituary will be published in QNT 110

Marcel Nicolet, died on 14 September 2017, aged 88.

Samy Kossovsky died on 13 October, aged 87; an obituary will be published in QNT 110

Mario Postiglione died on 14 October 2017, aged 91 years

Ewa was born on March 29, 1961, in Borås, Sweden. After high school, Ewa’s keen interest in France and French culture led her to spend two gap years in Cannes. She started her years in Cannes as an au-pair and eventually followed her adventurous character by becoming a sailor/stewardess.

Her gap years behind her, Ewa enrolled at the prestigious law school of Lund University, where she graduated with a Masters degree in international private law. While studying law, she spent a year at the University of Lyon, France where she met her future husband Marcus and father of her two daughters, Anna Magdalena and Sophia. The most important thing in Ewa’s life was her family: her husband and two daughters were her pride and joy.

Ewa worked in various positions in law in Paris, London and Vienna before arriving in Geneva with her husband in September 1992. She was fluent in French, German and English. Soon after her arrival, she started working at the Legal Office of WHO, where she had a long and successful career, first as legal officer and subsequently as senior legal officer. Friends and colleagues will always remember Ewa not only as a highly regarded and distinguished lawyer, but also for her welcoming, warm attitude, patience and love for a multi-cultural environment.

While truly international, Ewa always remain rooted in her Swedish homeland and culture, celebrating Swedish holidays with her family. Ewa and her family spent all their summer holidays by the beaches of south-west Sweden. This is where Ewa was most in her element. The landscape and fresh winds from the sea were very dear to her.

As Ewa’s health declined, she showed immense courage, fighting back with pragmatism and even humor. Without fail, she continued to lovingly support and protect her family, and show interest in her friends and colleagues.

In the end, Ewa resigned to the illness that took her away. With peace and great dignity. Ewa will forever be in our memories. For all the wonderful things she was and brought to others.

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**Death report** sent by UNJSPF Geneva Office and forwarded by AAFI–AFICS.

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1. Deaths already notified have been removed from the list
A Roman sarcophagus in Geneva

The summer of 2017 will be etched in to the memory of all enthusiasts of Roman art as the time of an unusual event. Seven years after its discovery in a Swiss warehouse during a customs check, an exceptionally well preserved sarcophagus was on display to the public for the first time in one of the exhibition rooms at the University of Geneva.

It was displayed centrally, enabling visitors to see all sides and to admire the details. Of an imposing size in white marble, it weighs almost three tons and dates from the 2nd century AD. It belongs to a series of sarcophagi with mythological themes: this one depicts the Twelve Tasks of Hercules. The sculptured surfaces convey a powerful mastery of low relief modelling, showing off the high quality of the work. The name of the sculptor is unknown; however we do know the site of its origin: Perge, in the Antalya region of Turkey.

Following investigations carried out by the Swiss judicial authorities, two brothers, Geneva art dealers claimed the sarcophagus belonged to them and said they had inherited it from their father. However Turkey was demanding its return.

A court hearing was necessary, which lasted until September 21, 2015, when the public prosecutor ruled that the sarcophagus be returned to Turkey; the owners twice appealed against this ruling but without success, however they were not prosecuted. During this long legal process, the University of Geneva had been involved at various levels.

The University involvement was acknowledged by the key players during the seminar on the sarcophagus which was held on 4 September when each of them spoke about their role in this case.

The legal aspect and its links with international cooperation were handled by the Geneva public prosecutor, Mr Claudio Mascotto. Legal issues, present and future, were presented by Professor Marc André Renold and Ece Velioglu-Yildizci. Professor Marc Waelkens of the Catholic University of Louvain passionately illustrated the results of the specific archaeological analyses with which he had been entrusted. Professor Lorenz Baumer, Director of the Classical Archeology Unit, confirmed the excellence of the sculpture, explaining that this sarcophagus had been made in Dokimeion – known today as Iscehisar.

The scientific analysis of the materials (soil and marble) was explained by Professor Andrea Moscariello. The Turkish Consul to Geneva concluded the seminar by recalling the role played by his country in this case. The Turkish Government was represented by Professor Renold, a lawyer and director of the University Centre for the Law of Art, who holds the UNESCO Chair in International Law. He stressed the importance of the ratification by Switzerland of the UNESCO Convention in 1970 and the implementation in this case of the Swiss Act on the Transfer of Cultural Property, which entered into force in 2005.

Laura Ciaffei
New security infrastructure at WHO Headquarters

Mr Ibrahima Fofana, Security Administrator, WHO & UNAIDS Headquarters, has requested us to inform our members of the following arrangements for accessing the WHO headquarters premises:

“This message is to inform you that new security infrastructure has been installed in WHO headquarters in June 2017.

The new infrastructure (new doors and access control barriers) does not involve any changes to previous procedures for retired staff members but it will help us control access through the various side doors at WHO Headquarters. Many of these side doors have now been closed or changed to permit staff access only. Retired staff can still access the buildings through the main entrances of the Main Building and the UNAIDS building, just as before. If you have any question, please contact Mr Ibrahima FOFANA, Head WHO Premises security at fofanai@who.int.

We understand that the new security measures and infrastructure may feel inconvenient, and the last thing we want to do is to give the impression that retired colleagues are anything less than completely welcome. The new infrastructure is unfortunately necessary to ensure everybody’s safety and security and we very much appreciate your patience and cooperation in this regard.

We thank you for your continued understanding and collaboration in making our campus safe and secure.”

Ibrahima Fofana

46th meeting of the FAFICS Council

The Council of the Federation of Associations of Former International Civil Servants (FAFICS) held its annual meeting in Vienna (as last year) from 17 to 20 July 2017. The date and place are always decided to immediately precede the annual meeting of the UN Joint Staff Pension Board. (UNJSPB) in which representatives of retirees nominated by FAFICS participate. This year we were unable to send a representative of our Executive Committee to be part of the AFICS-Geneva delegation but we received the full report of the meeting. In terms of numbers, AFICS-Geneva is the largest of the 61 associations making up the Federation which has its headquarters in Geneva while the current President (Ms Linda Saputelli) is from AFICS-New York. There are occasional tensions as her positions in the recent past did not necessarily respond to the concerns of our colleagues in Geneva and in other associations, particularly with regard to the management and the investments of our Pension Fund. You will find elsewhere in this issue an article by Dev Ray about those matters. Among many other concerns, while the delays in paying the pensions of the new retirees are now more or less solved, there are still unacceptable delays in paying pensions to recently widowed spouses of retirees. The “Member Self Service” and the fact that most of the documentation is only available in English must be reviewed and adapted to the need of older beneficiaries. With regard to Health insurance matters, the report of the Working Group on After Service Health Insurance (ASHI) did not show much progress since our last year’s report (cf. article in Quarterly News N°105 October 2016). The Working Group received very few responses from Member States regarding the potential use of the national health insurance schemes by UN retirees but the situation is being followed carefully by the representatives of retirees. The Working Group will continue for at least one year. Besides the questions on pensions and health insurance, and responding at last to the necessity to promote the rights and needs of the elderly, the Federation committed itself to develop a programme of cooperation with national and international organisations to safeguard the interests of the oldest retirees and the promotion of their wellbeing. AFICS-Geneva had initiated the proposal and was designated as its focal point.

Readers may wish to consult the websites of FAFICS (www.fafics.org) and of the Pension Fund (www.unjspf.org) for further information about the meeting and its follow-up.
We have received from Mr Bernard Chandra, who lives in Australia, the following email:

1. …I commend the Presidents and members of the Executive Committee, past and present, for their dedicated services to our Association. There is a small group of stalwart members who are putting in a lot of hard work and time, which is often not well recognised. Unfortunately, others who could have been useful cannot do so, since many are outside of Geneva. I have noted the decline in membership and don't think there is an easy solution to this trend. Those from our generation are indeed a dying (used figuratively!) breed and the electronic age will force a different type of communications in the future.

2. Regarding the Pension Fund, I am glad to note that much of the backlog faced by new retirees has been eliminated. I have had occasion to write to them for clarification on several matters and there was a waiting time of almost three months before I got a reply. Once I got a contact point, it was easier to then continue the dialogue. On the positive side, their online services have improved vastly and it is very easy to log in and check details such as whether they had received the last Certificate of Entitlements or any letters that had been sent to us.

3. Like many others, I look forward to the Quarterly News and thank David Cohen and his Editorial staff for their dedication and hard work. There is a good mix of relevant articles, including what is happening at WHO. I certainly envy the accounts of the group tours and photos of the happy faces, even if I skip the details! Sadly, one of the areas I go to with some trepidation is the obituary section. It's always sad to read about the passing away of a colleague known to us or whose name was familiar to us during our own working career. It is good to have these recorded and for colleagues or families to have the opportunity of paying tribute to those who left their imprint on the work of WHO.

4. I have noted with interest and satisfaction, the improvements that have been made over the years to the management of the SHI, its finances and its staffing. I was a member of the first working group in the late 1980s that spent difficult days hammering out solutions to the deficits being created by the retirees and AMRO/PAHO and am glad that the fund is in a good position. I think all participants need to appreciate that some increase in contributions is necessary as the benefits we get in return are quite generous. I look forward to more developments in the area of long-term nursing care. I am delighted with the rollout of the SHI online which is a great development. As I live in Sydney, I have had to post my claims to WPRO Manila. Sending them by courier was very expensive while sending by ordinary mail was slow and uncertain. The system is very easy to use and I commend it to everyone who has access to a computer. I especially wish to thank the WPRO staff for the prompt manner in which they have been settling my claims.

I take this opportunity of sending my greetings to all retirees and to the many former colleagues who have touched my life over the years.

Bernard Chandra

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Readers' Corner

19
Activities in Geneva

Just a short note to remind members living in the Geneva area of the activities organized for seniors at Cité Seniors and the Hospice général. The programme of events from September to January at Cité Seniors can be found at the following website:
http://www.ville-geneve.ch/actualites/detail/article/1453811455-cite-seniors-lance-nouveau-programme/
and the CAD programme for September – November can be found at http://www.cad-ge.ch

Influenza Vaccination 3 Oct and 10 Oct

As has been the case every year since 2006, we have been vaccinating against influenza, with the usual success: 235 people have been vaccinated; about fifteen pensioners who could not come, will be vaccinated by the Medical Service, which will make a total of about 250.

This, despite the current propaganda from certain groups that question the usefulness of the vaccination which they accuse of being dangerous and ineffective.

Let us recall that the usefulness of vaccination is no longer to be demonstrated: let us remember the eradication of smallpox, the near disappearance of poliomyelitis and the many deaths that we have been able to avoid thanks to it. The flu, without the vaccine, results in thousands of deaths, particularly in the elderly. Because of this absurd propaganda, last year the number of deaths due to the flu was much higher than usual.

Of course, like any medicine, there may be side effects, but their number is minimal compared to the millions of people vaccinated. It can also happen that the flu is contracted despite the vaccine, but it is then much less severe than if one were not vaccinated.

As usual, these immunization sessions allow our retirees to meet and chat together.

Above: Dr. Jean-Jacques Guilbert in full suffering (feint of course) because of the sting.

David Cohen

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New members

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

Life Members
Kevin Cook; Adeline Swee Kwan Loo; Joanne McKeough;
Noela Marie Prasad

Conversion to Life member
Stella Anyanawe; Marie Helen de Azevedo; Ileanne Giroult; S.W.A Gunn;
Mafra Jones; Alexandre Zenie

New Annual Members
Margaret Eggison; Howard Engers; the latter paid for 4 years.