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


Dr Margaret Chan
Outgoing Director-General

Dr Tedros Adhanom Ghebreyesus
New Director-General
The cruise “Couleurs de Provence”

The group in front of the boat

Photo J-P. Menu

A manade (Camargue farm)

Camargue Bulls

Flamingos at rest

Photos David Cohen
See other photos in the French version
EDITORIAL

The new Director-General, Dr Tedros Adhanom Ghebreyesus, took up his position on 1 July. We offer him our warmest congratulations and our best wishes for success. We also send our best wishes to Dr Margaret Chan for the future.

The new procedure for requests for reimbursement on-line (SHI online) is now operational and most retirees seem to be interested despite some problems with connection; however don’t forget that retirees are not obliged to use the on-line system and they can continue to use the envelopes. They can also return to the use of envelopes after trying the new system.¹

The annual trip was, as usual, very successful, this year involving a cruise on the Rhône, from Lyon to the Camargue. Sunny weather accompanied the group (see pages 12, 13).

Our General Assembly will take place on Thursday 5 October.

The annual reception will be held on Thursday, 19 October. We hope that many of you will attend on both occasions.

We draw your attention particularly to two articles in this issue, concerning: the change in the conditions for joining AFSM, and the recurrent problems for those who do not return in time their Certificate of Entitlement to the Pension Fund.

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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,
Or email to: shihq@who.int
Pensions: +41 (0) 22 928 88 00;
Email: unjspf.gva@unjspf.org for Geneva
Or +1 212 963 6931 and unjspf@un.org for New York
AFSM office covered on Tuesday and Wednesday from 9:30 to 12:00
Otherwise, please leave a message: someone will call back

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

Please send your contributions to:
David Cohen
codahen29@gmail.com
Urinary incontinence in the older adult

Urinary incontinence, defined by the International Continence Society as "any involuntary loss of urine complained of by the patient," is a common and often embarrassing problem. Very few of us are without some incident or story involving a weak bladder. While urinary incontinence (UI) affects people of all ages, young, old, boys, girls, men and women, this article will focus on those 30% of adults over 75 who suffer from UI, a topic some find uncomfortable to discuss because it raises issues of one's dignity, loss of control over one's life and body and related sense of helplessness. Nevertheless, UI needs to be tackled head on because treatments exist. Unfortunately, too few persons dare to discuss this openly with their doctors or even with their own families and friends.

Thanks to social media, incontinence, once a taboo topic is now discussed openly; TV now brings into our living rooms the different protective items available on the market which help to manage mild, moderate and even severe symptoms. These products come in all sizes, colours, absorbencies, shapes and styles. Of course the use of protective garments is just one way to tackle incontinence. Other options depend on the type of incontinence, its severity and the underlying cause.

What is the cause of incontinence?

The general underlying cause is loss of tonus in the muscles of the bladder and the sphincters1 as a result of the depletion of muscle fibres, which occurs with ageing. Specific conditions may exacerbate this cause:
- presence of complications, infection, hypertrophy or prostate cancer in men
- urethral2 stricture, multiple pregnancies or difficult deliveries, prolapse of the uterus in women,
- tumour, Parkinson's disease, dementia, diabetes, medications, etc. in both sexes

Ageing is the main cause of changes in the morphology and functions of the bladder and the sphincter. It is also responsible for altering the amount of urine secretion (diuresis). All these modifications greatly favour the development of incontinence in the elderly.

Different types of incontinence can be distinguished:

**Urine incontinence.** A sudden, intense urge to urinate followed by an involuntary loss of urine.

**Stress incontinence.** Urine leaks when pressure is exerted on the bladder by coughing, sneezing, laughing, exercising or lifting something heavy.

**Overflow incontinence.** Frequent or constant dribbling of urine due to incomplete emptying of the bladder during urination.

**Situation-related** to cognitive impairment such as Alzheimer or other forms of dementia.

Other indirect factors may also contribute to incontinence:
- Motor disorders
- Disorders related to movement coordination
- Unfamiliar or inadequate environments
- Being bed-ridden and dependent following an illness
- Certain metabolic disorders such as abnormally large urine secretion (polyuria ...)

Ageing involves in particular:
- partial "denervation" of the bladder,
- an increase in the sensitivity of the receptors present in the bladder wall,
- decreased muscle mass, decreased urethral fencing pressure. In women this loss of pressure is mainly due to decrease in the estrogen hormone after the menopause.

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1. Circular muscle around an orifice. The bladder and the rectum have two kinds of sphincters: the smooth muscles contract and relax by reflex without the intervention of the will. The striated muscles are controlled by the central nervous system, their contraction and relaxation are voluntary.
2. The urethra is the channel that goes from the bladder to the outside.
Change in urine elimination (diuresis)
In the young, the elimination of urine during the day is twice that of nocturnal elimination. In the elderly, a reversal of this ratio is observed: nocturnal urination becomes more frequent (nocturnal polyuria).

The alteration of cognitive functions
There is a close relationship between the so-called cognitive functions (perception, language, memory, reasoning, decision, movement ...) and incontinence disorders. Thus, the alteration of cognitive functions seems to lead to a decrease in the sensation of need to urinate in the elderly, which is the cause of some incontinence.

How to deal with incontinence in the elderly?
Above all, de-dramatize. The history-taking (exchange between the patient and the doctor) is essential for the proper management of incontinence. It will identify the antecedents, the importance of the symptoms and the impact on the quality of life. Since the origins of UI in the elderly are diverse, it is imperative to listen to him or her and personalize the care.

Many medications and surgical treatments are available. Some basic rules will need to be put in place to prevent and manage UI in the elderly. It is not uncommon to see a non-incontinent elderly person being given incontinence wear while s/he is bedridden for an episode of incontinence. These practices lead the person to develop incontinence "in spite of themself".

Similarly, when an elderly person wearing such garments asks to go to the toilet, the entourage must imperatively accompany him or her and prohibit the possibility of "doing in" while waiting for the next change.

What are the consequences for the elderly?
The occurrence of incontinence in the elderly is a factor of social isolation and depression. That is why dialogue is paramount. It will make it possible to identify as soon as possible the incontinence, to de-dramatize it and to start effective management.

A few tips:
- Clear and illuminate corridors and washrooms to get to the toilet quickly.
- Attach the carpets to the floor with adhesive to avoid tripping.
- Install a garbage can to receive the used protections.
- Avoid tea and coffee, soft drinks, spices, alcohol, some herbal teas, asparagus, parsley which are diuretics: the bladder fills faster and the risk of leaks is multiplied.
- Drink enough in the day (1.5-2 l), to avoid cystitis, but stop drinking a few hours before going to bed
- Plan urinate before going out as a "preventive", spot the toilet in the theatre, in the cinema...
- Wear clothing that is easy to remove.
- In case of known incontinence, have a spare pad available at all times.

Again, we cannot recommend enough to maintain an active lifestyle and to practice physical exercises on a daily basis in order to maintain sufficient muscularity.

Dr David Cohen
**Important change to subscriptions for new members**

One year ago, in *Quarterly News* No. 103 of April 2016, we mentioned the possibility of eliminating annual AFSM membership for the following reasons:

- Annual membership creates a considerable amount of work for our Treasurer, who has to send yearly reminders for contributions
- Both the banks and the post office in Switzerland have increased their fees, which substantially reduces the value of annual contributions.

We did not receive any reactions to our article. The good news is that nearly 95% of our members are life members and we thank them.

The Executive Committee has therefore decided to pursue this change and, following a study of the advantages and disadvantages of different options, intends to implement the following policy:

**Current annual members** may continue to pay CHF 25 per year. However, we strongly encourage them to add a minimum of CHF 2 to cover the bank and postal charges and, better still, we strongly recommend they convert to life membership. We remind members that we deduct 66% of the contributions already paid from the cost of conversion to life membership.

**New members** who join the Association after 1 January 2018, if they do not immediately opt for life membership, will have the possibility of taking annual membership for just two calendar years, after which they will have to choose between leaving the Association or converting to life membership.

We will present this change at our General Assembly on 5 October and will be happy to reply to any questions on this occasion.

*Jean-Paul Menu, on behalf of the AFSM Executive Committee*

End of the regular Wednesday AFSM office duty (“permanence”)

The Executive Committee has traditionally provided coverage every Tuesday from 9:30 am to 12:00 noon. This service will continue.

Since 2008, Roger Fontana has voluntarily provided additional coverage on Wednesdays. However, for health reasons and despite his disappointment, he is no longer able to assume this task and the Wednesday coverage was distributed among the other members of the Committee. Despite our best efforts, we are no longer able to guarantee regular office coverage on Wednesdays. Members of the Committee will of course continue to come as often as they can during the week but their presence cannot be guaranteed and we have therefore regretfully decided to end the regular Wednesday coverage as from the 1st of July.

In addition to the Tuesday office coverage, you can, as previously, contact us by email at aoms@who.int or leave a message on our telephone voicemails +41 (0)22 791 31 92 or 791 31 03. We will reply as quickly as possible.

We regret having to take this decision which could easily be reversed if any members of the Association would like to join the Committee to reinvigorate it.

*The Executive Committee*

Security at WHO Headquarters

Members visiting WHO/HQ recently will have noticed the change in security measures for entry into the buildings. As before, retirees can only enter the buildings through the main door of the main building and the main door of the UNAIDS building during working hours. Retirees will need to exchange their existing badge “Courtoisie Retraité” for a new one which will enable them to pass through the gates without screening. In this connection, retirees planning to attend the AFSM General Assembly on 5 October 2017 who have not had occasion to exchange their badge are advised to arrive early to allow time for this.
Pension Fund Certificates of Entitlement – problems again this year

In 2015, 215 WHO retirees had not returned their 2014 Certificates of Entitlement to the Pension Fund and risked their pensions being cut off. No Certificates were sent out in 2015 due to the development of the Integrated Pension Administrative System (IPAS). In March 2017, there were 309 WHO retirees who had not returned their 2016 Certificates sent out last May.

As you know, these Certificates are sent out each year by the Pension Fund to everyone who benefits from a UN retirement pension – former staff members and surviving spouses. They have to be signed and sent back to the Fund in order for the pension to continue. If they are not received by the Fund and after several unanswered reminders, the pension payments are stopped.

Several weeks before this pension cut-off, the Fund sends a list of retirees who have not returned their Certificates to the associations of retired staff with a request for help in tracking down such retirees. This year, as in 2015, we spent time and energy in trying to contact as many as possible of these 309 beneficiaries who had not returned their Certificates sent out in May 2016. For reasons of confidentiality, the Fund is unable to give us the full address of such retirees and our main source of information is to check whether they are AFSM members. If so, in most cases we are able to locate these people, assuming they have not changed their address without informing us.

In addition to using our own database, we seek help from our network of sister associations. This year, our colleagues in the associations in the Regions of Africa, the Americas and Europe, were particularly helpful and active and we are very grateful to Jill Conway-Fell, Kalula Kalambay and Germán Perdomo for their rapid and efficient help. Our Association also benefits from an excellent relationship with the office of the Pension Fund in Geneva.

Please don’t think that it is only the elderly and frail who omit to send back their Certificates!! We have proof that even young retirees can forget or have a problem – perhaps for various reasons like long travel absences.

We encourage all members to do their utmost to send back their Certificates of Entitlement in good time. The Pension Fund now sends them out at the end of May each year, so watch for yours which you have hopefully received by now.

Just in case, it is vital that we have your correct address and telephone number and also, if possible, your email address. If you have not already done so, you may wish to check the 2017 AFSM Directory and let us know if any changes should be made to your personal information.

Lastly, if you know of colleagues who are not yet members of our Association, you may wish to encourage them to join – becoming a member could avoid stoppage of their pension!!

Sue Block Tyrrell and Jean-Paul Menu

We have pleasure in welcoming into the AFSM family

the following members

Life Members
Charles Boelen; Yves Charpak; Luciano Finalde Deflini; Joan Dzenowagis; Kazuhiro Hata; Eva Lunette Kakuomya; Catherine Ludwig; Sharon Miller; Charlemagne Pissara; Namita Pradham

Conversion to Life member
Ahmad Ajdari; Vincente Ivorra Cano; Jean Paul Darmsteter; J. Eatough; Muriel Gramiccia; Yvonne Grandbois; Pamela Hindle; Philippe Jenkins; Muriel Lisk; George Nickitas; Khadija ElRharbi; Fabio Zicker.
Raising the Mandatory Age of Separation (MAS) to 65 for Serving Staff: the debate continues......and the winner is.....1 January 2019

The debate on raising the retirement age within the UN has been ongoing since the late 80’s. In keeping with global trends, and in recognition of the evolving social and demographic changes, the UN General Assembly Resolution, A/RES/67/257, followed the recommendation of the International Civil Service Commission (ICSC) and raised the MAS to 65 for new staff no later than 1 January 2014. However, debates in the ICSC sessions on raising the MAS for serving staff continued and at times were quite heated, as I myself witnessed during the 2013 July session in London and the 2014 July session in Rome, the former in my capacity as FICSA Information Officer a.i. and the latter as an invited participant.

The staff federations and some of the Commissioners, including its Chair, supported the extension of the MAS to 65 for serving staff; the human resources management specialists generally opposed it. They argued on the negative impact that an increase in the MAS for current staff would have on efforts within organizations to rejuvenate and reprofile their workforces in terms of skills, career development and succession planning, gender parity and geographical distribution, as well as efforts to reduce staff costs. They further argued that there is also savings when, as is generally the case, separated staff members are replaced by staff members with lower step increments. Furthermore, they added, retirement also provides an opportunity to use different or more flexible contractual arrangements in replacing staff. One entity went as far as to argue that the mandatory age of separation assists organizations in retiring staff members with dignity who, for various reasons, are reluctant to leave the organization even though they may be unable or unwilling to work where their services are most needed by the organization.

The Commission countered that while it is generally felt that older staff members cost the organization more, this is not necessarily so. “It is an accepted fact that the retention of existing staff has a greater positive impact than does a successful recruitment programme on cost and quality. Organizations should consider such factors as the loss of productivity caused by vacancies and the orientation of new staff, costs associated with recruitment, such as advertisements, and relocation costs. In terms of quality, experience and consistency are maintained when good staff members are retained. The decision to hire at lower levels is often accompanied by the need to develop expertise in-house, which could increase costs for training and staff development programmes. Costs are also incurred owing to family benefits for which older employees are not normally qualified, such as education grant, children’s benefits and travel. It is therefore not inconceivable that retaining an older worker may be no more expensive than hiring a younger replacement at the same grade.” (ICSC/79/R.5)

While the staff representations and the ICSC supported the implementation of the MAS for serving staff as early as 2016, the UN GA Resolution A/RES/70/244, of 23 December 2015, decided that "...the mandatory age of separation for staff recruited before 1 January 2014 should be raised by the organizations of the United Nations common system to 65 years, at the latest by 1 January 2018, taking into account the acquired rights of staff." Albeit with a bit of a lag, and much dissension, the Resolution brought the UN into the 21st century.

However, the debate continued in some organizations notably within our own. In the Report of the Secretariat to the 140th session of the EB held in January of this year, the same arguments and concerns were presented to the Member States on the impact that raising the MAS for serving staff would have on succession planning; gender balance and geographical distribution; financial implications; and of course, rejuvenation of the workforce, in that many of the positions currently occupied by staff due to retire in 2018 and the following years could be downgraded and would thereby create additional, more cost-effective, opportunities for recruitment at more junior levels.

The Staff Association in its Statement to the Board expressed its full support of the decision taken by United Nations General Assembly in resolution 70/244 (2015) to extend the mandatory age of separation to 65 for serving staff and requested the administration to implement this binding resolution by 1 January 2018 without any delays. The EB did not pronounce itself on the matter and decided to defer it to the June 2017 session. EB members were split as to whether to implement MAS 65 in January 2018 (Resolution 1) or 1 January 2020 (Resolution 2). A solution was found and consensus was reached for 1 January 2019. As one EB Member philosophically commented: Resolution 1 makes one half of the Members unhappy; Resolution 2 makes the other half unhappy, so let’s go for Resolution 3 which makes no one happy but spreads the unhappiness. Maria Dweggah
Highlights of the 70th World Health Assembly

Under the presidency of Dr Veronika Skvortsova, Minister of Healthcare of the Russian Federation, the 70th Assembly met in Geneva from 22-31 May, the longest session held in recent years, with the largest number of agenda items, documents and delegates – around 3500.

In her opening speech, Dr Margaret Chan, Director-General, referred to her ten years of service and to her report which tracks how public health has evolved during her administration – see the article on page 18. In her closing statement, Dr Chan commented that it had been a “momentous World Health Assembly with a record number of interventions. More than 80 delegations had taken the floor to speak about health emergencies, and nearly as many had spoken during the item on polio eradication”.

The main item on the agenda was of course the election of the next Director-General. Dr Tedros Adhanom Ghebreyesus, former Minister of Foreign Affairs, and former Minister of Health of Ethiopia, was elected on 23 May. He will begin his five-year term of office on 1 July. Dr Chan will take on the title of Director-General Emeritus. Readers who have not watched the video of the appointment of Dr Tedros can find it through the following link

https://www.youtube.com/watch?v=5oUdOYARcRA&sns=em

Dr Tedros plans to focus on five main areas of work during his tenure: achieving universal health coverage; strengthening the capacity of national authorities and local communities to detect, prevent and manage health emergencies; improving the health and well-being of women, children and adolescents; addressing the health impacts of climate and environmental change; and building a transformed, transparent and accountable WHO.

Nineteen resolutions and 14 decisions were adopted, including in the following areas:

- Health workforce – a five-year action plan was agreed which includes collaboration with the International Labour Organization and the Organization for Economic Cooperation and Development
- International Health Regulations
- Sepsis
- Dementia – a global action plan was endorsed on the public health response to dementia for 2017-2025
- Immunization
- Refugee and migrant health
- Substandard and falsified medical products
- The world drug problem and public health
- Vector control – a Global Vector Control Response for 2017-2030 was agreed
- Noncommunicable diseases – an updated set of policy options and interventions was endorsed
- Cancer
- Tobacco control - the Conference of the Parties to the WHO Framework Convention on Tobacco Control was requested to provide information on the outcomes of their biennial meetings to future World Health Assemblies
- Deafness and hearing loss
- Childhood obesity
- Chemicals management – a new road map was approved to enhance the health sector engagement in the sound management of chemicals
- Sustainable Development Goals
- Programme budget - the budget of USD 4421.5 million for 2018-2019 was approved which includes a 3% increase in assessed contributions – totalling USD 956.9 million, with USD 3464.6 million in voluntary contributions

Other items

- On 29 March, WHO launched a global initiative to reduce severe, avoidable medication-associated harm in all countries by 50% over the next five years
- On 19 April, WHO launched a report on Integrating neglected tropical diseases in global health and development. The report demonstrates the remarkable achievements since 2007 and highlights the need to further scale up action.
• On 25 April, WHO announced the programme that it will coordinate to pilot the world’s first malaria vaccine in Ghana, Kenya and Malawi in 2018. The injectable vaccine has been developed to protect young children from the most deadly form of the disease.

• On 17 May, WHO announced that almost half of all deaths globally are now recorded with a cause, which highlights improvements that countries have made in collecting vital statistics and monitoring progress towards the Sustainable Development Goals.

• On 18 May, some of the world’s largest funders of medical research and international non-governmental organizations agreed on new standards that will require all clinical trials they fund or support to be registered and the results to be publicly disclosed.

• On this year’s World No Tobacco Day on 30 May, WHO highlighted how tobacco threatens the development of nations worldwide and called upon governments to implement strong tobacco control measures, including banning marketing and advertising, promoting plain packaging, raising excise taxes and making indoor public places and work places smoke-free.

• On 6 June, WHO announced new advice on antibiotics – which to be used for common infections and which to be preserved for serious circumstances. This advice is among additions to the WHO Model list of essential medicines for 2017.

• 15 June is World Elder Abuse Awareness Day: WHO’s press release indicates that 1 in 6 older people experience some form of abuse – a figure higher than previously estimated and predicted to rise as populations age worldwide.

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

Sue Block Tyrrell

Ten years in public health 2007 – 2017, a report by Dr Margaret Chan, Director-general, WHO

Before her departure, Dr Chan issued a report chronicling the evolution of global public health over the decade that she had served as Director-General at WHO.

A series of chapters evaluates successes, setbacks, and enduring challenges during her administration. They show what needs to be done when progress stalls or new threats emerge. The chapters show how WHO technical leadership can get multiple partners working together in tandem under coherent strategies. The importance of country leadership and community engagement is stressed repeatedly throughout the chapters.

• From primary health care to universal coverage: the affordable dream
• Access to medicines: making market forces serve the poor
• Health security: is the world better prepared?
• HIV: from a devastating epidemic to a manageable chronic disease
• Malaria: retreat of a centuries-old scourge
• Towards ending tuberculosis: what gets measured gets done
• Viral hepatitis: a hidden killer gains visibility
• The neglected tropical diseases: a rags-to-riches story
• The power of vaccines: still not fully utilized
• Noncommunicable diseases: the slow-motion disaster
• Other dimensions of the NCD crisis: from mental health, ageing, dementia and malnutrition to deaths on the roads, violence and disability
• Women, newborns, children and adolescents: life-saving momentum after a slow start
• A global health guardian: climate change, air pollution and antimicrobial resistance

Interested readers should go to http://www.who.int/publications/10-year-review/en/

It is very much regretted that at the time of writing this article the report is only available in English.

J-P Menu
Beware of Ransomware!

During the week-end 13-14 May 2017, we heard that all over the world tens of thousands of computers were attacked by the ransomware “WannaCrytor”. The files in the infected computers were blocked and a “ransom” demanded to unblock them. Most of the infected computers were located in big companies but it could happen to anyone of us.

Our well known colleague Norman Sartorius, Founder and President of the Association for the Improvement of Mental Health Programmes (http://aim-mental-health.org/) reports:

One morning several months ago I discovered that all the files on my computer were gone. Impossible to find my papers, letters, slides for presentation during lectures or any other material. All disappeared. I then asked the young man who maintains our computers and helps us to use them what on earth could have happened: he soon discovered that our computers had been hacked and that we could get our files back intact, provided that we paid a ransom. I asked him how much that would be. He found out that I would have to buy Bitcoins to reinstall our texts and other materials. There was not much I could do but agree to pay. I did not know how to go about purchasing Bitcoins but with the help of experts we bought them for a total of CHF 1200 and paid them to the hackers. A day later the files all reappeared in good order.

Since then we are saving/backing up all that is on our computers in several places, some of them with the reputation of being completely safe. So far so good, but as persistent and canny as the hackers are, they may eventually find a way to those places. So, for things that are really of great importance I also have hard copies stacked away as recommended by our grandparents who were, in their times, afraid of people then called thieves and now named hackers.

At the time, all our computers operated under Windows 10

Norman Sartorius

Since writing this article the WHO computer systems have also been subject to a cyberattack, we reproduce below some of the advice given by

Mr Marc Y Touitou, Global IT Director:

• Do not open any suspicious, unexpected emails, and in particular attachments and / or links to other websites.
• Do not be tempted to open attachments assuming your antivirus will take care of any malicious software. This is a common mistake - new viruses are always out before countermeasures are in place.
• Do not assume it is safe to open suspicious emails on your phone.
• Do not disclose your personal information after clicking on suspicious links.
• Should your computer become infected, do not pay any ransom demanded.
• For Ransomware in particular, if you have a Windows computer, make sure you have Microsoft’s monthly security update for March, April or May 2017 installed and your antivirus software is up to date. The best way to make sure your computer is up-to-date is to configure it to check for and install Windows updates automatically.

Please keep in mind that antivirus software is about 90% effective and does not offer full protection. You should also make backup of the most important information on your computer, as all can be lost in matter of minutes.

J-P Menu
Main functions of the Executive Committee

As requested by some of our readers, we give below the main responsibilities of the members of our Committee. However, we wish to remind you that your emails addressed to aoms@who.int, or your telephone calls, are dealt with by the person concerned even if you have not specifically mentioned them by name.

Pensions: Dev Ray and Maria Dweggah
Health insurance: Jean Paul Menu and Ann Van Hulle-Colbert (you can also write to shi.retreps@who.int)
Relations with Plateforme, organisation genevoise de seniors: David Cohen
List of Members and subscriptions: Anne Yamada and Keith Wynn
Quarterly News: David Cohen (see also page 3)
Social assistance to members: Sue Block Tyrrell, Anne Yamada and Maria Dweggah
Trips organiser: David Cohen and Charles Hager (external consultant)
Relations with the Centre local d’information et de coordination (CLIC) of Gex: Michèle Evans
Legal questions: Yves Beigbeder

Paris Marathon

On 9 April, our sporty AFSM member, Philip Jenkins, completed another marathon, this time in Paris. Below is his message to friends, many of them AFSM members, who kindly sponsored his run in support of the school established in memory of Lisa Brunner-Veron, a WHO staff member who was murdered whilst working for Stop TB in Zimbabwe. His fundraising reached £2,800 (€3300 or CHF 3520). This school provides education and a feeding programme for about 60 young children in a very poor area of northern Kenya, just outside of Samburu National Park. Interested readers can find further information on the school at www.lisaschool.org

“Dear Friends,
Done it! At 15.35 I crossed the Paris Marathon finishing line.

Accompanied by 42,442 other runners, we set off down the Champs Elysées. After the 75 training runs totaling 730 km, it seemed so easy at the beginning. I was floating. Just one problem, it was already hot and the sun was right in our eyes. The Bois de Vincennes was cooler and shady, but there were no spectators. Just before the Bastille was the half-way mark. Already 21 km run and my pace was very steady, right on target.

Soon after I noticed my speed was slowing, my legs getting tired, the heat increasing. Officially the temperature was 25° C but it felt like 35°. I was no longer floating! As we ran beside the River Seine we entered a very long tunnel smelling of urine, but deliciously cool. At 32 km I realized that I could not beat 5 hours. So I decided to just enjoy the last 10 km, mostly in the Bois de Boulogne. I ran and walked alternately and chatted to other runners. Each one kilometre was a struggle, but the drink stations with plenty of fruit and nuts kept me going. At last the Arc de Triomphe came in sight.

Don’t ask me my finishing time – it wasn’t very respectable. After all, a marathon is all about endurance not speed!”

Taken from Philip’s personal account of his run
The Rhone, second largest river in France, the first being the Loire, is 812 kms long (520 kms in France and 282 kms in Switzerland). It has 19 dams, Bollene being the largest, and 14 locks.

We left shortly after boarding, and cruised through the night and the following morning to Avignon, passing through a number of locks on the way.

Before docking in Avignon, we passed by the remains of the famous Saint-Benezet Bridge, built in the Middle Ages and listed a World Heritage Site by UNESCO in 1995. It was the inspiration for the song Sur le pont d’Avignon and is considered a landmark of the city.

We had a guided tour on foot of this splendid old town. Avignon was the seat of the Catholic papacy between 1305 and 1429, and seven successive popes resided there; it became part of France in 1791. We toured the historic centre, which includes the Popes’ Palace, the cathedral and the town, which is now the capital of the Vaucluse and one of the few French cities to have preserved its ramparts. The medieval monuments and the annual Avignon Festival have helped to make the town a major centre for tourism.

We continued our journey through the night to Arles, where we started our guided tour of the Camargue, famous for its unique fauna and flora as well as the Camargue horses, bulls and birds including the famous pink flamingos. This is the only place in France where flamingos nest.

We visited a manade which is a farm where Camargue bulls are reared. Sitting on a trailer pulled by a tractor, our group was taken on a tour through the fields followed by the curious cattle. As this breed lives in a semi-wild environment, they are tended to by the manadier (owner) and ‘gardians’ (herders) that ride Camargue horses reared in the same region. Camargue cattle are black in colour with horns that sweep upward. They are hardy animals used for bloodless bull fighting competitions. The animals not suited for the bull-ring or breeding are used for beef production.

Our visit continued, passing by rice fields, to the Camargue National Park and the salt water lagoon (étang de Vaccarès), which covers a large area and has a depth of less than two meters. It is an important place for migrating birds and flamingos. We also saw the large stocks of salt at the salt marshes of Salin-de-Giraud, and our guide explained that the salt production has been reduced in recent years due to lack of demand.

We rejoined the ship in Port Saint Louis. In view of the strong winds (mistral) the
ship could not navigate to Martigues, as it involved negotiating a narrow canal, so we were taken by coach to this attractive port, which is close to Marseille.

The ship headed back to Avignon, and our next excursion was a visit to the *Les Baux de Provence*, which has a spectacular position in the Alpilles mountains, perched on a rocky plateau with view for miles around with a ruined castle at its summit. It is one of the most beautiful villages of France, with over a million visitors annually.

On the way back we passed through the lovely town of Saint-Rémy-de-Provence, which has become a popular place for famous people to live. Near to Saint-Rémy-de-Provence we stopped at the site of Glanum, where archaeological excavation has revealed an outstanding collection of architectural relics: these monumental decorations are unique in Provence, dating back to the 2nd century B.C.

We cruised on to Châteauneuf-du-Pape and from there set off for an afternoon excursion to the Ardèche, one of the most forested departments of France, and also one of the least populated. We visited a lavender farm, where they make a wide range of products using 100% pure essential oil of true lavender, such as natural cosmetics, massage oils, soap, infusions and tisanes, etc.

We stopped at the viewpoint of Belvédère, where we had panoramic views of the Gorges de l’Ardèche. We visited the site of the Caves of the Madeleine, and tasted the local liqueur made from chestnuts, Castano, as half the production of chestnuts in France comes from the Ardèche. We returned to the ship at Saint Etienne des Sorts and then cruised to Viviers.

The following morning, the boat docked at La Voulte, and we set off in the afternoon to the Drôme and Isère. The first stop was to taste the famous *Clairette de Die*. This naturally sparkling white wine is made according to the unique ‘métode dioise ancestrale’ and has an alcohol level of only 7 degrees. The grapes profit from the abundant sunshine of Provence and the coolness of the Vercors mountains and are picked entirely by hand.

We continued to the Massif of Vercors Regional Natural Park and stopped at the Col du Rousset, at an altitude of 1250m, with magnificent views of the Massif. From there we visited the small town of Vassieux-en-Vercors, which is well-known for helping the French Resistance during World War II and has a museum in commemoration of that time. Continuing our trip, we passed the village of La Chapelle-en-Vercors and went on to Pont-en-Royans. This town is famous for its 16th century colourful hanging houses, perched on the edge of the cliffs overlooking the river Bourne. They were built out over the precipice to maximize space, and were the result of an ingenious adaptation to the environment of the village to promote its trading activity with timber. This area, near Grenoble, is also renowned for the cultivation of walnuts. Before rejoining the boat at Tain l’Hermitage, we passed by Pont-de-l’Isère, where the well-known chef, Michel Chabran, has his restaurant *l’Espace Gourmand*, and the French chocolate makers *Valrhona* fabricate their products.

The food on MS Camargue was excellent throughout the holiday but the chef really excelled himself for our gala dinner on our last evening. The following morning we left Lyon by coach to return to Geneva after a most enjoyable holiday.

*Bunty Muller*
In memoriam

Nicolae-Tudor Racoveanu died on 16 January 2017 in Hannover, Germany.

Born in Braila, Romania in 1925, Dr Racoveanu received his primary and secondary school education in his local area. His grandfather, also a physician, had an important influence on his childhood. Thanks to him, Dr Racoveanu became interested in poetry and until his old age, was able to recite poems in different languages e.g. Latin, French, English, Italian and Romanian. He spoke all these languages fluently. Dr Racoveau was awarded his doctor of medicine degree at the Bucharest Medical School in 1950 and he spent the next two years in postgraduate training in clinical pathology and radiology. At the same time he was a lecturer at the Medical School in Bucharest. In 1952, he became a scientist at the Institute of Hygiene and Public Health in Bucharest and in 1955, he was appointed senior scientist at the same institute. He was promoted to Chief of the Laboratory of Radiation Hygiene in 1957, a position he held until 1970. He was then appointed Director of the Department of Environmental Medicine, where he remained until 1973. From 1973 until 1978, he served as Regional Adviser on Radiation Medicine and Cancer, at the WHO Regional Office for the Eastern Mediterranean and subsequently accepted the role of Chief Medical Officer of the Radiation Medicine Unit at WHO headquarters, Geneva.

Dr Racoveanu retired in 1985, but continued as a consultant to the WHO Programme for Appropriate Technology for medical care.

During his time in WHO, Dr Racoveanu was active in many programmes, including Quality Assurance in Diagnostic Radiology, Nuclear Medicine and Radiotherapy, and the Future Use of New Diagnostic Imaging in Developing Countries. He collaborated with the International Society of Radiology, establishing a training centre for diagnostic radiology for English-speaking African countries at the University of Nairobi, Kenya. In conjunction with other outstanding pioneers involved in reviewing the needs of developing countries, he fostered the growth of basic radiological systems. Dr Racoveanu’s activities led to extensive publications on topics including alpha chain disease and the radiologist’s role in increasing the effectiveness of diagnostic imaging departments.

Barbara Böttcher, his wife

Cecilia (Celia) Celinder

Celia died on 6 December 2016 in the South of France. She had worked in AFRO, EURO and HQ.

In EURO she was responsible for the annual meeting of the Regional Committee for Europe, which was held in EURO every alternate year, the other year being in one of the Member States. Celia was in fact responsible for all statutory meetings, including arrangements for the Regional Director’s participation in the WHA and the EB.

She was known to be a kind and helpful person who was consulted by many staff members. Celia was quite a linguist and, born of a Spanish mother, her knowledge of Spanish served her in good stead when, in the late 1980s, she assumed the post of Conference Officer at WHO Headquarters. Friends particularly recall the challenges she faced in coordinating with colleagues at all levels to ensure the smooth running of the Executive Board and particularly the World Health Assembly, held at the Palais des Nations. In this
In memoriam

regard, Celia's long WHO experience, devotion to the Organization and facility to communicate in an easy and friendly manner made her one of a special kind who is remembered with much fondness.

She retired with her husband Kjeld to the south of France in 1990 and enjoyed a beautiful long life in the sun. Celia's and her husband's generous hospitality was renowned. She had been ill for many years, but had faced up to it bravely. The support of her loyal husband, Kjeld helped Celia to face challenges in her daily life. The family and many of their lifetime friends and colleagues made way to their villa in Hyères, on the Giens peninsula, near Toulon. So did we. This will preciously remain in my memory.

Celia is survived by her husband, Kjeld and two sons, Steffan and Christian

Agnes Rasmussen and other former EURO staff

Professor Ayité Manko D’Almeida

Dr D’Almeida Ayité Manko was born on 2 February, 1939 in Lomé and died on 1 March, 2017.

After his baccalauréat in secondary education (option experimental sciences), at the academy of Dakar in July 1959, he obtained a certificate in physics, chemistry and biology at the Faculty of Sciences of the University of Dakar in June 1960. He obtained the state diploma of Doctor of Medicine, summa cum laude, at the Faculty of Medicine and Pharmacy of the University of Bordeaux in 1967.

In 1970 he continued his postgraduate studies at the Faculty of Medicine of the University of Paris where he obtained a Certificat d’Etudes Spéciales (CES) in medical and technical bacteriology, a CES in technical and medical parasitology in 1971, and a CES in social hygiene and sanitation in 1972.

He was attaché of the Hôpitaux de Paris at the University Hospital Bichat-Beaujon from 1970 to 1972, then Assistant head of Clinic at the Faculty of Medical and Biological Sciences, University of Benin, Lomé from 1972 to 1977.

He was associate professor of Bacteriology and Virology in June 1977, becoming professor in 1984.

After a very rich academic and professional career at the national level, he joined WHO on 28 February 1990, assigned to the Regional Office for Africa (AFRO) as Regional Adviser for the Development of Human Resources.

He was promoted to the post of Director of Programme Management (DPM), AFRO on 1 March 1993, a post which he held until 1998.

On 2 November 1998 he was reassigned to Benin as Director of the Regional Institute of Public Health (IRSP) where he remained until his retirement on 1 March 2001.

Professor d’Almeida is survived by his wife, Mme Louise Aba d’Almeida, née Kouanvih, and three daughters, Corinne, Tatiana and Alice.

Kalula Kalambay on behalf of the Group of Retired staff of AFRO
Ann Kern was born on 19 May 1943 and was a prominent executive in public health. She was Deputy Secretary of Health in Australia when she joined WHO as Director of Communications in Geneva. With the advent of Dr Brundtland as Director General in 1998, she was named as Executive director in charge of General Management of WHO among 11 others at similar rank. She was well liked by her colleagues and was effective in her duties. Her support for effective staff management relations and active and innovative participation of staff in the decision making process was well noted and much appreciated. On her retirement from WHO, she put her love for horses to good use. She joined University of Oslo hospital as therapist using horse-assisted therapy as an adjunct therapy for substance user disorder and other psychological illnesses.

She was married to Tore Godal of Norway, former Director of the WHO Special Programme for Research and Training in Tropical Diseases (TDR). Ann lost her life in a tragic accident during her stay at Mourexx in France where she had a house. During an evening walk, she was struck by a car and died instantly. She is sorely missed by her colleagues and friends in WHO and elsewhere,

Dev Ray and Maria Dweggah

Douglas Marr died in Essex, UK, on 17th November last, just after his 85th birthday.

He was born and grew up in Stirling, Scotland where he graduated from Edinburgh University with Batchelor's and Master's degrees in Zoology and Entomology.

Initially, he went to the Gold Coast in 1957 as a member of the British Overseas Civil Service, and then worked on River Blindness (onchocerciasis) for the Ghanaian Government. After marrying Rose Mary in 1958 they lived and worked in Lawra and Bolgatanga. Being a true Scot he was known to wear his kilt on many occasions, even while entertaining visitors in the outback in Ghana.

On joining WHO, he worked on onchocerciasis in southern Sudan before returning to Accra and Bolgatanga. In tracking the behaviour of the *Simulium damnosum* flies that transmitted the disease, Douglas' role involved him sitting on the river banks with his trouser legs rolled up to trap the flies, place them in test tubes and carry out research under the microscope back in the laboratory.

After treatment for onchocerciasis in Scotland, Douglas joined the Unit in Geneva created to support the Onchocerciasis Control Programme (OCP) in its initial stages by setting up and administering the advisory and management bodies of the Programme, and liaising with the other sponsoring agencies, namely UNDP, FAO, and the World Bank which was responsible for mobilizing and managing the financing of the Programme. In 1976 the work of the support unit was transferred to the Programme headquarters in Ouagadougou, and Douglas remained in Geneva as OCP Liaison Officer until his retirement in 1989. Always convinced a job was worth doing well, Douglas contributed greatly to the programme dear to his heart. Having thought OCP was not recognized sufficiently, he was pleased to learn from the American Association of Pharmaceutical Scientists' Conference in 2015 that OCP was "considered to be one of the most successful programmes in the modern day that focused on a third world disease..."

Douglas loved music, cars, travelling, walking, especially in his beloved Highlands of Scotland; a man of unswerving Christian faith, he and Rose Mary will be remembered for their generous hospitality and genuine care of others, wherever they lived.

Douglas is survived by his wife, their three children and seven grandchildren.

Gordon Marr & Fiona Roynette
Maria del Carmen Palazón was born on 4 April 1916 in Calatayud, Spain; she died in Geneva on 9 October 2016. She was 100 years old! She had worked at the Spanish pool since May 1962 until she retired and beyond.

Julia Faundez

Quarterly death report\(^1\) recorded in Jan-March 2017 sent by UNJSPF Geneva Office and forwarded by AAFI-AFICS.

Chitimba Nicholas 03/01/2017 Nielsen Henny 29.02.2016
Duarte Ivar 05.03.2017 Samba Jean-marie 16/12/2016
Equagoo Augustin 04/09/2016 Sheshadri Aryyangar K 15.014.2017
Hornez Dominique 09/01/2017 Sobeslavsky Otakar 16/11/2016
Husain Muhammad 07.02.2017 Speck Claus 07.11.2016
Jartved Else 30/12/2016 Stevens Prescott 07.01.2017
Jones John 31/01/2017 Taylor Valerie 18.11.2016

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1. Deaths already notified have been removed from the list

Night skies for July-September 2017

If there were a popularity poll for planets, the ringed planet Saturn would win it hands down (after Earth, that is!). And Saturn is on view right now.

It is visible as a bright yellowish star fairly low down in the southern sky as seen from the northern hemisphere, or high up in the north from the southern. There is a brightish star not far away to its west, the red giant star Antares, but as well as being redder, you will see that Antares usually twinkles, whereas Saturn, being a planet, does not.

This is because Antares is so far away that it is just a point of light whose beam is easily disturbed by turbulence in our atmosphere. But Saturn has some size to it, and its light is less easily distorted. In fact, even binoculars magnifying 8 or 10 times will show that it is more than a point of light, though you need a magnification of about 30 or more to see that it is a globe with rings.

Saturn is in the news at the moment because on 30 September the space probe Cassini, which has been orbiting and sending back spectacular photographs since 2004, will be deliberately crash-landed into the planet at the end of its mission. So though you will not see Cassini or its crash, do take a look at Saturn with a telescope if you can.

You can get more sky news from the Society for Popular Astronomy website: http://www.popastro.com

Article kindly provided by the British Society for Popular Astronomy
Search for Volunteers

Dear Members,
Recently, the AFSM was contacted to ask if we could find several volunteers to participate in a workshop on ageing held in Geneva. Through personal approaches, we were able to find two volunteers willing to share their experience of declining functions due to ageing – Yves Beigbeder and Warren Furth – you will find an article on their participation in the workshop in the July Quarterly News, no. 108. Unfortunately, we were unable to find others at fairly short notice and this has led us to try to set up a roster of volunteers. If you would be willing to participate in such a meeting in the future, kindly send us an email and we will put your name on the list. The names will be kept confidential by the Executive Committee and you will only be approached individually by us based on future need.
Many thanks in advance for your willingness to help.
Best wishes,

The AFSM Executive Committee

Global Workshop on mHealth for Ageing

On 19 April, Yves Beigbeder and I attended for a couple of hours the Global Workshop on mHealth for Ageing (“m” standing presumably for “mobile”) organized by the WHO Department of Ageing and Life Course (ALC) together with a WHO Prevention of Noncommunicable Diseases team at Campus Biotech.

The about 30 participants were mostly professors from around the world working in the areas of ageing, cognition and health, representatives of the pharmaceutical industry and, of course, WHO officials, mainly from the ALC Department.

The purpose of the workshop, as explained to us by Dr. Diane Wu, Technical Officer, ALC, was to develop a series of mobile phone messages to older persons experiencing some functional decline in hearing, mobility, memory, etc. but still able to live largely independent lives.

Yves and I had volunteered to participate in the Workshop in response to a call from Dr Wu to the President of the AFSM, for two “aged” members who would be willing to inform the workshop participants of their state of health and their experience in the decline of various physical and mental functions. This is exactly what we did. I had the impression, both from the applause of the audience as well as from comments of the participants, that our interventions were much appreciated.

We also participated in separated working groups that were presented with a profile of an individual in the target population with a request to develop mobile phone messages that could be useful to him/her. In my group the profile was of a Norwegian woman of 83 years, living alone in a small remote community, with minor health problems. In the course of an interesting discussion we came up with a series of short messages that addressed all of her problems.

We had both been invited to dine with the participants and to continue our participation in the workshop the next day, but previous commitments on our part unfortunately made this impossible.

I found the whole exercise with the workshop most interesting and probably learned as much, if not more, from the participants than they learned from me. I would, however, suggest that if there are to be future meetings of this kind, it would be useful to both the volunteers and the other participants to ask for up to four aged or ageing volunteers (the “guinea pigs” on whom ideas could be tested) to participate from the beginning to the end of the meeting.

Warren Furth
Guide to the UN Career Records Project (UNCRP) at the Bodleian Library of the University of Oxford

Our colleagues in the British Association of Former United Nations Civil Servants (BAFUNCS), have just published this Guide, in association with the Bodleian Library. The Guide in its entirety (144 pages) can be accessed on the BAFUNCS website – www.bafuncs.org. Click on the link to the UNCRP page; then click on the ‘click here’ in the text of the second paragraph of the introduction; and then check out your topic of interest in the Index of Keywords, and thence the relevant entries in the Index of Names, or vice versa.

The Guide contains more than 500 short ‘bios’ of British and other women and men who have served the UN as staffers, official representatives or ‘Blue Helmets’, together with brief summaries of the material donated to the Library in each case. In what is an unique archive, several of the great names are included, along with many ‘foot-soldiers’ and spouses.

In the light not least of financial constraints, BAFUNCS decided that the main thrust should be to publish the Guide as an e-book. This format lends itself readily to consultation by the key target readership – students and researchers in such areas as Development Studies, International Relations, Refugee and Migration concerns, and Human Rights. So, no more than 150 paperback copies have been printed, in the main for the Copyright Libraries and other archives: the Guide is not for sale.

BAFUNCS hopes that the Guide will be of use to scholars of the future. BAFUNCS also hopes that its publication will encourage others who have served the UN to donate their papers to the Project, which is ongoing: several new and important contributions are already in the ‘pipeline’.

The 23 contributions from WHO staff can be found on pages 105-109.

BAFUNCS has asked the AFSM and other sister associations to promote the Guide in their magazines, make colleagues in other relevant international and academic institutions aware of the Guide and recommend contributing material to the Project to colleagues around the world (the Guide is not restricted to British former staff), so that losses to posterity of instructive memoirs, reports, letters and photographs can be kept to a minimum – preferably before they go on to the great Secretariat in the sky!

The Bodleian’s Department of Modern Political Manuscripts is embarking on cataloguing the more recent contributions, so that all will eventually be added to the existing data in the Library’s own online Catalogue – which meantime will also carry a link to the Guide on the BAFUNCS website. To access the Catalogue, it suffices to google ‘UNCRP’.

Any queries about the UNCRP and the Guide, and contributions of material in particular, may be addressed to Michael Askwith, BAFUNCS’ UNCRP Coordinator – askwith_michael@yahoo.co.uk; or to Bill Jackson, Editor of the Guide – jwjackson@btinternet.com

Sue Block Tyrrell, with text provided by BAFUNCS

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On the lighter side
BAFUNCS, The 40th General Assembly and Reunion The Duke's head Hotel, King's Lynn, Norfolk, 12-14 May 2017 organized by its Cambridge Region

The Duke's Head Hotel in King's Lynn is situated in the middle of the town on Tuesday Market Place and has a number of very nice lounges, a bar and dining areas on the ground floor and at the back a large ball room where our Reunion and General Assembly were held. Some of us, ex WHO staff members had arrived the day before it all started, and that evening found us in a typically British Pub for dinner which turned out to be very good indeed. The next day after registering for the Reunion, we had some more time and found the delightful St Nicholas Chapel with its 15th century wooden roof and had a look in the True's Yard Fisherfolk Museum which had us saunter through its restored fishermen's cottages. We were back in time for tea to meet our fellow reunionists. Collectively we walked over to the Town Hall where we were received by the newly elected Mayor of King's Lynn who congratulated BAFUNCS on its 40th anniversary and hosted a splendid reception in this historic environment. The Friday evening dinner saw as usual ex-WHO gathered around its communal table. Saturday morning started off with some General Assembly business until the arrival of the main speaker of that morning, Baroness Valerie Amos, a former Under Secretary for Humanitarian Affairs and currently Director of Oriental and African Studies at the University of London. Her address was entitled "Challenges to global humanitarian action". She outlined some of the dangers that threaten effective humanitarian action today and how the UN sees its role in this. No easy solutions to the many problems are available, but baroness Amos declared to remain optimistic about future internationalism.

After a fingerfood buffet lunch participants had a choice of three excursions: Sandringham House and Grounds, Houghton Hall (the once residence of Robert Walpole) and a walk through old King's Lynn under the guidance of Dr Paul Richards who is a Historian and Hanseatic Scholar. All three were highly appreciated. I found the Royal Residence of Sandringham delightful although it did look more like a National Trust House than a lived-in home. The gardens are magnificent! The evening saw the gala dinner with toasts to BAFUNCS and the Queen. After dinner we were entertained by a group of three musicians calling themselves "Wyldes Noyse" who played mainly Elizabethan music on original instruments which we were later invited to inspect.

Sunday morning started with the traditional reading of the preamble to the UN Charter. Subsequently, Dr Paul Richards spoke and gave a slide show about "King's Lynn, a port for a thousand years and partner of the Hanse", outlining the importance of King's Lynn throughout history as a trade centre. Then the valediction was made and the reunion brought to a close. Next year's Reunion will be in Geneva on 11, 12 and 13 May!

Coby Sikkens
New International Foundation in Geneva

The destruction of an artistic heritage means in reality destroying the very identity of a people or a civilization. Sensitive to this, UNESCO already tried to establish an emergency fund two years ago without achieving it. This time, after a fairly brief management of this kind of thing, the Aliph (International Alliance for the Protection of Heritage in Conflict Zones) seems to be taking shape. The project was initiated in July 2016 by France and the United Arab Emirates. It attracted the interest of many heads of state and cultural foundations at the Abu Dhabi conference in December. On 20 March 2017 France set up a donor meeting in Paris. Six days later, France and Italy submitted to the UN Security Council the first framework resolution on heritage protection that was adopted without problems. In early May, the members of the Aliph Foundation Committee met in Geneva. These are 14 members who work with the Scientific Committee with an international profile whose mission is to study the cases to be followed and the actions to be carried out. The Committee’s President Lang hopes that next fall the sites will be chosen. He will leave his place at the beginning of September that is to say at the next meeting of the Committee. Questioned by the press, Mr. Lang gave more details on the chosen mode of governance, shared between public and private representatives. He said the founders were inspired by the Global Fund to Fight AIDS, Tuberculosis and Malaria, with Aliph based on three lines of action: prevention, intervention and rehabilitation. To act, the Aliph should have a fund of $100 million. For now, there is the commitment of private patrons who will sit on the Funding Committee such as J.C. Gandur, a great collector of ancient objects, who promised to pay a million dollars (990,000 francs). For the moment there is also the commitment of another patron: the American billionaire, J. Kaplan. On the public side, France and the United Arab Emirates will pay respectively $30 million and $15 million. Saudi Arabia will pay $20 million, Kuwait $5 million, Luxembourg $3 million and Morocco $1.5 million. Switzerland will help the Aliph pay the rents for three years for its Geneva headquarters. This country was chosen for her neutrality and experience in this field. It is indeed with France the only country in the world to have legal bases to provide temporary shelter for seriously threatened works in their country of origin. According to J. Marin, Director of the Museum of Art and History of Geneva (MAH), Switzerland has already proved its worth. In 1939 his museum hosted the 200 Prado works threatened during the Civil War. Repeated experience in 2007 when the MAH gave refuge to more than 500 archaeological objects from Gaza. On both occasions, these works have been shown to Genevans and Europe. He underlined the pioneering role of Switzerland, which has extensive deposits for this purpose. He nevertheless mentioned the risk that the financial profit from the rescue of the works could be associated with a kind of neocolonialism creating doubts from the source countries. China and France are also available to host threatened works.

Laura Ciaffei

2017 United Nations Inter-Agency Games (UNIAG)

The 44th annual edition of the UN ‘Olympic Games’ was held at Vienna on 3-7 May 2017. From their inauguration at Champéry in 1971, with 300 staff from 10 agencies competing in 6 disciplines, the Games have now grown to become the largest global gathering of UN active and retired staff.

Some 1,200 players and supporters participated on this occasion, representing over 50 organizations, agencies and missions from around the world. Even the most assiduous UN fan would nevertheless find difficulty in disentangling the resulting UNISFA, UNLB, MONUSCO, UNFCCC, OPCW, CTBTO, UNTSO, etc., jungle!

Continued next page
A new format was tried this year by the host organization, the International Atomic Energy Agency (IAEA), for the organization of the Games, with their return to a capital city for the first time in decades. Both the imperial backdrop of Vienna and the dramatic location of the “UNO City” (headquarters for UNOV, IAEA, UNIDO & UNODC) on the mid-river island of the Danube, provided a special context for the athletic and social events. The opening and closing ceremonies were held at the UNO City and most of the sporting events at the adjacent sports centre and nearby swimming stadium.

The host organization has the opportunity to add new disciplines to the more traditional athletics, chess, football, tennis, volleyball, table tennis, golf, swimming, basketball, badminton, pétanque, darts, etc., and this year IAEA opted for squash and pool-billiards. The practice of mixed-agency teams continued for most disciplines, both to accommodate the often individual participants from regional, country and humanitarian mission stations, and to make up the numbers for large teams. One could accordingly applaud the first-place finish in basketball of the UNOG/ILO/WIPO/WTO/IOM/WHO team!

Football continued to be the most popular sport with 237 participants (!), which created something of a planning nightmare in designing a competitive tournament over 2½ days between over 20 seven-man teams. Despite this male-dominated discipline, a welcome feature of the Games was the increasing overall participation of women, constituting almost 300 of the 1,028 active players in all disciplines.

There were 53 participants (45 players & 8 supporters) from WHO and related agencies (IARC, ICC, UNAIDS, UNITAID), of which 28 men and 17 women players. These contributed to top-three finishes in athletics (men), badminton, basketball, beach volleyball, cricket, pool-billiards, swimming (men & women), and volleyball (women), with the palm going to the 2nd place finish in the swimming competition of our all-WHO four ladies team. Like last year, the retirees contingent consisted of myself and our most faithful supporter Mary Kehrli-Smyth.

The chess tournament comprised only 18 players this year, divided into six 3-man teams. I was happily joined by two newcomers from HQ and from the Angola country office, thereby constituting the first all-WHO team since time immemorial, but the makeshift teams could do little against three home-based and formidable IAEA teams. It was nevertheless a delight to welcome to this also male-dominated discipline two very competitive – and attractive - ladies from UNICC, The Hague, and IAEA.

Despite an effective organization of the sporting events, Vienna unfortunately suffered from a lack of unity - the local participants commuting routinely back and forth and the visitors spread out over myriad hotels in the city. So the UN family ‘bonding’ objective of the Games was on this occasion much diminished.

The 45th Games will be hosted by the International Federation for Agricultural Development (IFAD) at Rome. First reports indicate that they will be held in May 2018 in the Rimini region. This has previously proved to be an ideal arrangement, with the atmosphere of a ‘village community’ and the hospitality of the local authorities. Start planning now for your attendance!  

Derrick Deane
The Global Oversight Committee of the Staff Health Insurance (SHI) held its 8th meeting from 27 to 28 April 2017 in Geneva. As readers are aware, this Committee was established in 2013 to oversee the SHI and advise the Director-General on SHI management and operations. Since its establishment, the Committee has made several important recommendations on key matters related to SHI. The members and advisers include senior staff from WHO Administration as well as two external advisers who are experts with wide experience in health insurance. Retired staff are represented by one member (Ann Van Hulle) and one alternate member (Clas Sandström), both elected by retired staff at large.

This meeting focused mainly on the following subjects:
- SHI Annual report, Key performance indicators and risks analysis
- Discussion on the Internal Audit Report in SHI
- Actuarial Study and Funding projections
- Long-term Care Report
- Proposed amendments to the SHI Rules
- Telemedicine and Case management (discussions with the SHI Medical Advisers)
- Status report of IT projects
- Review of SHI structure and budget
- USA – third party administrator for claims

The Committee received a presentation on the highlights of the Annual Report. It noted in particular that the Fund balance at 31 December 2016 was USD 848.9 million. As at the same date, the unfunded actuarial liability for active and retired staff was USD 1,542.6 million. It is currently foreseen to fund this shortfall over the next 20 years. It is for this reason that contributions of both the Organization and participants increase by 4% per annum. The financial situation is kept under regular review by the Committee with a view to adjusting the rate of increase in contributions when the financial situation permits. This matter was again discussed by the Committee when reviewing the report of the Actuaries later on at the meeting when various funding scenarios were discussed.

The Committee discussed the study on Long-term Care prepared by a WHO consultant. As there were several recommendations in the report which would require further in-depth analysis by the Committee, the Secretariat was requested to present a concrete package, with potential rule changes and their cost impact at the next meeting.

The Committee discussed the rule changes recommended by the Secretariat. The recommended changes have recently been approved by the Director-General for implementation as from 1 July 2017. The WHO intranet will be updated to reflect the approved amendments. As further changes may be forthcoming following the next GOC meeting, the complete set of amended rules will be reprinted next year. In this connection, I would like to mention that we (retired staff members on the Committee) pay particular attention to the amendments being proposed. We must of course evaluate what is on the one hand beneficial for the wellbeing of the SHI Fund but we also caution against changes which might unduly affect adversely the participants (particularly retired staff).

The Committee discussed several issues with the SHI Medical Adviser who had taken up his assignment in October 2016. One major improvement in respect of medical confidentiality was the introduction in 2017 of a dedicated email address shimedicaladviser@who.int to which all medical reports should be directly sent. The report and other information are encrypted and archived by means of a secure software.

The Committee also discussed ways of enhancing case management with full involvement of the Medical Adviser.

Regarding IT, the Committee noted with appreciation that the SHI Online system for claims submission had been completed successfully according to plan. Retired staff are encouraged to use this system. Details have been provided to all SHI paying members earlier this year.

The next meeting of the Committee will be held in October this year.

Ann Van Hulle Colbert