



QUARTERLY News

The magazine of the Association of Former WHO Staff Members (AFSM)

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



The 2023 AFSM General Assembly was held on the 5th October, and Dr Tedros graced us with his presence and kindly made the opening address. The DG then opened the floor to questions and is seen here, with two of the three Co-Presidents – Dev Ray and Jean-Paul Menu – along with Robert Jakob, President of the WHO HQ Staff Association, taking a question on the video link from a member. The third Co-President, Sue Block Tyrrell, is just out of shot on the left.

A full report of the Assembly starts on page 5

Message from Dr Tedros, Director-General, to former WHO staff

I have always believed that “*once WHO, always WHO*”. Those who have served WHO in the past remain important to its future. I have had the privilege of working with the associations of former staff members both regionally and at headquarters, and I have been truly impressed by their dedication and commitment.

In 2023 we started to formalise our relationship with the Association of Former Staff Members at headquarters. I have also invited the various associations to Geneva to attend the World Health Assembly. The associations have, in turn, participated actively in various WHO activities, including the 75th anniversary celebrations. I look forward to maintaining this spirit of mutual support and collaboration, with the support of colleagues at all three levels of the organization. I am pleased to see that Regional Directors are also engaging with the associations, including, in some by cases, by inviting them to Regional Committee meetings and providing material support.

The contributions of former staff members are the foundation upon which we do our work today. We are all fortunate to have had the opportunity to serve the people of the world as we strive together to fulfil the vision the nations of the world had in 1948 when they founded WHO: the highest attainable standard of health for all people as a human right, and as the foundation of peace and security. As we mark our 75th anniversary, it is clear that in a world with many challenges, from conflict to climate change, the world needs WHO more than ever, and WHO needs its staff – past and present.

We face the new year with uncertainty and some trepidation, but we must also face it with hope. I wish all of you a happy, inspiring, and healthy year.



Dr Tedros Adhanom Ghebreyesus, WHO Director-General



Photo: © WHO / Pierre Albouy

***AFSM wishes a very happy and
healthy New Year 2024
to all of our readers***

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EDITORIAL

We are honoured, again this year, to receive a New Year message for our AFSM members from Dr Tedros, and this can be found on the previous page. WHO faces many public health challenges this year, not least those resulting from climate change. As I write, the current COP conference (COP 28) has for the first time devoted a major session to the health consequences of global warming.

Following our request in the October issue, we thank the many members who agreed to forego the printed edition of *Quarterly News* and opted to read it online. However, we have not yet reached our target. It is never too late for other members to join the growing crowd of e-readers so if you decide to make the change, please let us know at aoms@who.int.

I have asked many times, but repeat here, please do send us your views on *Quarterly News*. Whether favourable or not, this feedback will help the Editorial Board.

Congratulations to our committee member Robert Bos, who was recently awarded a decoration from His Majesty King Willem-Alexander of the Netherlands. *See page 45, in the digital edition only.*

Which just leaves enough room for me to wish all of our readers a healthy and happy 2024.

Keith Wynn

EDITORIAL BOARD

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

The translation of all articles is undertaken by the Editorial Board and Catherine d'Arcangues, Michèle Evans, Edmond Mobio and Anne Yamada.

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

Please send your contributions for publication in QNT to: Keith Wynn
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IMPORTANT CONTACTS

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Resources for retirement: visit the site, <https://www.who.int/about/former-staff/resources>, and on this same page click on the 8th item for **Formalities concerning the death of a WHO retiree**.

Health Insurance (SHI): Tel.: +41 (0) 22 791 18 18; in case of absence please leave a message, someone will call you back, or send an e-mail to: shihq@who.int. The HQ SHI Helpdesk in office L 3 is open, by appointment only, on Tuesdays, 10.00–12.00 and 14.00–16.00.

Pensions (UNJSPF): Contact by e-mail no longer possible, to send an **electronic message** use the contact form on the Fund's website, <https://www.unjspf.org/contact-us/>. **Visitors: Geneva:** Palais des Nations, Client Support Centre, Building H, 1st floor, on Tuesday and Thursday mornings, from 10:00 to 13:00. **New York:** 4th floor, 1 Dag Hammarskjöld Plaza (DHP), Corner of 48th Street and 2nd Avenue, New York, Tuesday and Thursday afternoons, from 12:00 to 16:00. **Documents for NY by post, address to:** United Nations Joint Staff Pension Fund, c/o United Nations, P.O. Box 5036, New York, NY 10163-5036, USA. **Documents for NY by courier (DHL, etc.) or registered mail, address to:** United Nations Joint Staff Pension Fund, 37th floor, 1 DHP, 885 Second Avenue, New York, NY 10017, USA. **Documents for Geneva, address to:** UNJSPF, c/o Palais des Nations, CH-1211 Geneva 10, Switzerland. **Telephone: Geneva:** +41 (0) 22 928 88 00 or **New York:** +1 212 963 6931. **See also the list of Toll-Free and local numbers** at <https://www.unjspf.org/contact-us/>. In the case of **non-receipt of the monthly benefit** or **the death of a beneficiary**, visit the website: <https://www.unjspf.org/emergency/> for instructions.
Remember to always have your Unique ID number handy when contacting UNJSPF.

AFSM

News from your Association

During the past three months two major meetings were held within a few days of each other.

Our General Assembly was organized on 5 October, with members present in the WHO conference room for the first time since 2019. In addition, the facility to participate remotely by video conference was also available to our members. We were again honoured by the presence of the Director-General, and he renewed his support and encouragement. You will find the detailed report of the General Assembly on page 5 as well as the financial report on page 16.

On this occasion, we also resumed the tradition of our receptions (*photos on page 18*). Organizing General Assemblies and receptions takes considerable time and effort. We would hope to see a larger number of our members participating because it is a high point in the life of our Association.

On 11 October, the 5th meeting of the AFSM Global Council was held. Organized by AFSM-PAHO/AMRO, we were represented by the three Co-Presidents and by Ann Van Hulle-Colbert. You will find a report in the *News from around the world* section, on page 27 of this issue.

Once again, and we thank them, the Staff Health and Wellbeing Department had reserved the 23rd and 24th October to provide influenza vaccination for retired WHO staff. Everything went well despite some inscription difficulties with the forms on the WHO website. The possibility of having both a flu and a Covid booster vaccination at the same time had been planned but was not possible due to a delay in the arrival of the Covid vaccine.

Important notice: A change to the day and opening times of the AFSM office. The “*Permanences*” are now held on Wednesday from 1:30 p.m. to 4:00 p.m. in office L71 (L building).

The new representatives of retirees on the management committees of our Health Insurance were elected in August. They are,

- **Global Oversight Committee:** Ann Van Hulle-Colbert and Alejandro Henning (members)
- **Global Standing Committee:** Marjory Dam and Carol Collado (members),
Françoise Héry-Persin and Jane Wallace (alternates)

We congratulate them and welcome these newly elected officials. Carol is a member of the AFSM-PAHO/AMRO association. Ann, Alejandro, Marjory and Françoise are members of our Association. Executive Committee member Robert Bos was recently appointed **Officer in the order of Orange-Nassau**. For more details and photos, see page 45 (*in the digital edition only*).

To close, we remind you that you can always contact us by email at aoms@who.int. We receive and respond to a wide variety of requests, including from new retirees considering settling in various countries regarding conditions that may apply.

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

TRAGIC DEATH OF A SERVING WHO STAFF MEMBER



As we went to press we learned that on the 22 November 2023, a young WHO staff member **Mrs Dima Alhaj** was tragically killed in Gaza, alongside her 6-month-old baby, her husband and two brothers. Multiple other family members reportedly sheltering in the same house were also killed. This death follows other losses in the United Nations family, since 7 October 108 UNRWA colleagues have been killed.

Our Association offers its deepest condolences.

2023 GENERAL ASSEMBLY

Report of the AFSM General Assembly on 5 October 2023

Opening and address by Dr Tedros Adhanom Ghebreyesus, Director-General

Opening session – first part

The Assembly was opened by Jean-Paul Menu, an AFSM Co-President, who welcomed all those participating in this first proper hybrid Assembly, with members both in the room and online – the virtual technology allows members from around the world to participate.

Address by and discussion with the Director-General

Jean-Paul then welcomed Dr Tedros and Ms Shenaaz El-Halabi, Director of the DG's Office who very kindly facilitates AFSM access to the DG's Office. He recalled the DG's motto "*Once WHO, always WHO*".

Dr Tedros began by confirming his mottos "*Once WHO, always WHO*" and "*One WHO family*" which not only apply to retirees who are valued members of the family but also to staff who move on to take up another opportunity outside the Organization. He welcomed the opportunity to meet again with AFSM members in person, after a lapse of four years due to Covid 19. At the last Assembly in October 2021, only a handful of members had been able to participate in the meeting room.

Much had happened to strengthen collaboration since the last General Assembly, including WHO's

75th anniversary celebrations during which the DG welcomed several members back to headquarters. All of the Associations of Former WHO Staff had been invited to send observers to the World Health Assembly this year and Dr Tedros had been able to meet some of the coordinators face-to-face. In addition, the AFSM Executive Committee had been invited to be represented at the Global Management Meeting in December 2022.

The DG expressed his pleasure that many AFSM members had offered their services to WHO and he especially thanked those who had volunteered as mentors of junior staff. He calls them "*senior interns*". He was pleased that the Executive Committee had established a close working relationship with the programme working on the Decade of Health Ageing and recalled that last October he had opened a webinar on "*Joining forces for Healthy Ageing*" in which many AFSM members had participated online.

Dr Tedros was pleased that the AFSM at HQ was now working closely with the Regional AFSMs to address the common concerns of former staff around the world. In March he had participated in a virtual meeting of the Global Council of AFSMs, which includes representatives from the Regional Office for Europe whose former staff association is under development. As a follow-up to that meeting, the AFSMs had prepared a list for headquarters and the Regional Offices outlining



key issues and challenges. The list is under review with an eye towards early implementation where possible. As promised, the partnership should be institutionalized, and Dr Tedros agreed to do everything possible to implement matters based on the requests. Dr Tedros will discuss the partnership with the Regional Directors as it should be organization-wide and institutionalized as such. The DG thanked Jennifer Linkins, the Director of Human Resources and Talent Management (HRT), whom he had nominated as the AFSM focal point, for her help in taking this initiative forward. He hoped that AFSM members could agree that we are moving in the right direction to strengthen the WHO family.

The DG added that he will invite all the Regional AFSMs to return to Geneva in May 2024 for the World Health Assembly, to hold a first face-to-face meeting of the Global Council of AFSMs and to join in the final celebrations for WHO's 75th anniversary. The celebrations have been going on over the year and will end in May 2024.

Dr Tedros stressed that his door is always open to work with former staff to address ongoing issues and challenges. He expressed his gratitude for past contributions and very much welcomes new contributions from "senior interns" because once WHO, always WHO. He is honoured to work with former staff across the whole Organization.

At the end of the DG's address, in the absence of questions, Jean-Paul referred to developments started with Dr Tedros regarding the globality of the AFSMs. Some retirees are members of the AFSM here at headquarters, some are members of the Regional associations and some are members of both. However, it was difficult to get together to discuss common concerns such as pensions and health insurance. We have tried but we noticed that some associations are weak in terms of their relationship with the Regional Directors. However, with the intervention of the DG, we are moving towards better integration with the Regional Offices and the Regional associations. This will enable the provision of better services to former staff members and retirees all over the world.

Sue Block Tyrrell, an AFSM Co-President, took the opportunity to inform the DG about all the help which many of the active staff had given to the

Executive Committee for the organization of this General Assembly and she expressed her deep gratitude for this support and to the DG for his leadership and guidance in strengthening collaboration with the AFSMs.

Dr Tedros responded that he was very happy to provide support. He then referred to his visit on World Health Day 2023, whilst celebrating WHO's 75th anniversary, to Gwen Carnelley, an AFSM member who had celebrated her 100th birthday in March. Gwen had begun her career in WHO in 1949 and she had worked in four Regions and in HQ. She had told Dr Tedros that it had been a privilege to work for WHO and it had helped her to see and understand the world and to better appreciate humanity. Dr Tedros shares her views and considers that it is an honour and a privilege for him to work for WHO. Gwen had participated virtually in the closing ceremony of the World Health Assembly, to the delight of the Member States.

The DG made two requests to the Assembly:

- Firstly, ***he would welcome ideas as soon as possible on how to celebrate WHO's anniversary which will end in May 2024.***
- Secondly, he referred to the negotiations on the pandemic accord which will be WHO's second treaty after the Framework Convention on Tobacco Control. This new accord is crucial and can help prevent a new pandemic. It is a generational accord. ***He would appreciate if AFSM members could advocate with any influential contacts they may have for the timely conclusion of the pandemic accord in May 2024.*** It is written by this generation which has experienced directly the impact of a pandemic and perhaps a future generation would not write it.

Dr Tedros then mentioned his strong relationship with the Staff Association. His first meeting after taking office had been with the Staff Association and since then he has had monthly meetings without fail with the Association to endeavour to make the working environment better for all. Robert Jakob, President of the Staff Association, referred to 2023 being a special year as it was 50 years ago under the leadership of Dr Halfdan Mahler, that the Staff Association had been first

allowed to address the Executive Board. Since that time, there had been different relationships with the different DGs. He concurred about the good working relationship with Dr Tedros – they may not always agree but jointly they find solutions and ways forward.

Dr Tedros added that 99% of the time they can agree and even when they disagree, it is still a healthy relationship and jointly they focus on addressing the issues for the good of the Organization.

Dr Tedros shared information on two common points with Dr Mahler. Firstly, Dr Tedros's studies in Denmark in 1988 had helped him to understand the Danish health system and had led him to become a strong believer in Universal Health Coverage and Health for All, so he had revived Dr Mahler's slogan. Denmark had influenced them both and it had shown him that any country, big or small, can contribute. Secondly, Dr Mahler's middle name of Theodor is the same as Tedros.

Jean-Paul thanked the DG for taking time to address the AFSM members and ***expressed the hope that the Executive Committee could soon resume its 6-monthly meetings with the DG.***
Dr Tedros agreed.

Opening session – second part

Following the DG's departure, Dev Ray, an AFSM Co-President, also welcomed the participants, both



online and in the room. He was pleased that it was now possible to have more human contact: online technology helps but is no substitute for personal presence. Dev then welcomed the invited guests:

- From sister associations - Odette Foudral from AFICS, and Pierre Sayour and Catherine Tiberghien from ILO Anciens
- Jennifer Linkins, Director HRT who is the AFSM focal point at HQ
- Robert Jakob, President of the Staff Association at HQ

- Charles Hager and Richard Saynor, AFSM Auditors
- AFSM Polling Officers – present in the room Janet Clevestine and Andrée Prodham – Helena Mbele-Mbong was unable to attend
- The representatives from the UN Joint Staff Pension Fund who had just joined the Assembly – Denise Gustin-Gardella, Philippe Gay, Mercedes Burguete and Frederic Guy, together with Frederick Loirat from the WHO Staff Pension Committee
- Representatives from Staff Health Insurance would join the Assembly after the coffee break.

Election/appointment of Chairperson, online Moderator and Polling Officers

The Executive Committee had agreed not to make a call for nominations/secondment of the Chair and Sue proposed that Guénaël Rodier be appointed as Chairperson. There were no objections.

Ambi Sundaram, a co-opted member of the Executive Committee, had offered to take on the role of online Moderator and there were no objections.

In accordance with the AFSM Statutes, Polling Officers were elected for 2023-2024. Janet Clevestine, Helena Mbele-Mbong and Andrée Prodham were re-elected for a further two-year term of office and Frances Palen was elected and welcomed to replace Maryvonne Grisetti. No additional names were proposed. The Assembly thanked the four of them for their assistance and also thanked Maryvonne Grisetti for her help in the past.

Adoption of Agenda

The agenda was adopted as presented.

Executive Committee report

Jean-Paul highlighted a few points:

- Collaboration with WHO programmes – there is some collaboration ongoing, notably with the staff working on the Decade of Healthy Ageing. There are excellent relations with the AFSM focal point at HQ – Director HRT – and the AFSM continues to send out the short-term vacancy notices at HRT's request.
- Executive Committee members are volunteers and there is not much turnover. There is a lot

of work for the AFSM which takes up a lot of time. The more the AFSM is successful, the more time it takes, and the Executive Committee members are reaching their limits. This explains why some members may experience delays in responses from the Committee. The Committee members cannot be at the disposal of members around the clock.

Assembly participants had no comments and ***the Executive Committee report was approved.***

Pensions

The Chairperson welcomed from the Geneva Office of the UN Joint Staff Pension Fund (UNJSPF) – Denise Gustin-Gardella, Chief of Client Services; Philippe Gay, Benefits Officer, Client Services; Mercedes Burguete, Senior Benefits Assistant; Frederic Guy, Benefits Assistant; and Frederick Loirat, Team Lead, HQ Pension Unit and Secretary of the WHO Staff Pension Committee.



Denise showed a few slides. She first referred to the Fund's 75th anniversary. Some celebrations are being planned and Denise asked for contributions about retirees' experience with the Fund and how they see the Fund's future. The Fund would welcome written testimonials, Fund-related materials like annual letters, reports and photos and video interviews with the Fund's communications team. Materials or requests for a video interview should be sent to UNJSPF-Communication@un.org.

She then drew attention to new videos on the Fund's website – on legal guardianship and for survivors of a UNJSPF beneficiary/retiree. The Fund would welcome feedback on the videos. Finally, Denise mentioned a new article on the

Fund's website on "*What to do in case of death of a retiree/beneficiary or your dependants*". She reminded participants about the "*urgent assistance*" tab on the website and the "*death-related*" email address – unjspf-deathrelated@un.org. Information on the website is in English and French primarily and with some information in Spanish.

Jean-Paul thanked Denise for her presentation. He then mentioned the AFSM document on formalities concerning the death of a WHO retiree which is posted on the AFSM website – www.who.int/about/former-staff/resources. This guide, first produced in 2019 in collaboration with AFSM member Michel Fèvre (now deceased), has just been updated in collaboration with the Pension Fund and the Staff Health Insurance. It has recently been distributed to all AFSM members and Jean-Paul hoped that everyone had received it. Jean-Paul was pleased that the Pension Fund was also working to provide information on this matter which is important for all of us and our families. Dev stressed the importance of sharing this document and information with your next of kin, e.g. your spouse or your children, and he thanked all the Fund's staff for their excellent work.

Discussion then ensued on the following matters:

(Questions from participants are in italics, with responses by the Pension Fund staff in regular font)

- *Sharing the presentation with AFSM members, with clickable links available to the cited email addresses*
 - The Fund will add the links to the slides and share them with the Executive Committee for onward transmission to AFSM members.
- *Improved access to the H building at the UN Office in Geneva, in which the Fund's offices are situated; and request for more permanence days and times when retirees can access the Fund's client services*
 - The Client Support Centre will eventually be moved to the E building after renovations which is closer to the entrance to the Palais des Nations but the Fund has not received information on any changes in the security procedures which are applicable to everyone.

- The days and times – Tuesdays and Thursdays from 10.00 to 13.00 – of the Fund's *permanences* in the Client Support Centre mirror those in the New York office. The schedule is based on the number of available staff and balancing the time with the requirements of other work. The schedule is being re-visited in coordination with the New York office to see whether it is possible to increase the opening hours. However, if someone is unable to come on a Tuesday or a Thursday, an appointment in person or virtually on an alternative day can be made either by submitting a request via the Contact Us form on the Fund's website – <https://contact.unjspf.org/> or by telephoning the Fund's Call Centres: in Geneva +41 (0) 22 928 88 00; in New York +1 (212) 963 6931; or by using one of the Toll-Free numbers in 68 countries which can be found through the same link as the *Contact Us* form.
- In parallel to in-person visits, the Fund sets up online appointments.
- These services are not just for urgent cases but are a regular client service activity.
- *The procedure for passing through security at the UN entrance gates*
 - When an appointment is set, the Fund contacts the security team to inform them of the day and time.
 - Then an automatic email is sent to the retiree to inform him/her that security clearance has been arranged and the retiree can pick up his/her badge on the day of the visit upon presentation of a valid passport or ID card.
- *Advice from the Pension Fund on countries with the lowest level of taxation of UN pensions*
 - Normally the Fund does not give advice on taxation and each country has its own laws.

The Assembly thanked the Pension Fund staff and the Secretary of the WHO Staff Pension Committee for their participation in the Assembly, and for all the help provided by their teams to retirees during the year.

Influenza vaccinations

Before the coffee break, a slide was shown with the dates of 23, 24 and 25 October for flu vaccinations

for retirees and their spouses who are covered by SHI, organized by the WHO/HQ Staff Health and Welfare service.

Members and spouses were reminded to bring their SHI cards with them.

Staff Health Insurance

Guénaél Rodier, Chairperson, welcomed Laure König, Governance Officer and Julie Perez, Claims Management Officer from the SHI team. All pictured below.



Laure and Julie presented slides, the content of which is shown below:

2023 – some achievements

- ***Election by former staff of members and alternate members to the SHI Committees***
- ***SHI Rule changes***
 - Improvement of mental health-related benefits (from 1 January)
 - Psychotherapy – 24 sessions without prescription
 - Mental health professional – new definition (including more professionals in the field)
 - Partial/day hospitalization legitimized
 - Greater access to treatment when ICD-11¹ code is provided (Part D of the SHI Rules)
 - De-stigmatization of substance use and other mental health conditions
 - Fraud prevention
 - Cash payments in Switzerland and neighbouring France no longer allowed above US\$ 250 (from 1 April)

¹ International Classification of Diseases, 11th edition

2023–2024 – in the pipeline

- **SHI survey 2023**
- **Holistic review of benefits:** benchmarking and modelling of the SHI Rules
- **SHI one-stop-shop**
- **Telehealth**

Some suggestions from SHI to participants

- **Claims submissions**
 - Submit your medical bills as soon as possible (do not wait for 12 months!)
 - To facilitate faster reimbursement, organize your documents as much as possible (e.g. group medicines with relevant prescription, proof of payment with correct invoice, etc.): training and SHI desk available to assist
 - Make sure it is readable if you scan your claim
- **Paper claims**
 - Do not forget to sign and date your envelope!
- **Communicate personal changes**
 - Address to receive paper reimbursement advice for example
- **Cost containment**
 - Ask for a cost estimate in advance from the health care provider
 - Inform SHI of any planned intervention
 - Check your medical invoices before submitting them to SHI

In case of emergency

“sudden life-threatening situation or unforeseen situation where the patient must start treatment within a maximum of 48 hours to prevent further harm or disability”

During office hours, call your SHI team

Outside office hours, call the emergency number on your SHI card - +800 4141 2222 Toll free: +41 22 819 9700 – there is always someone on this number and they can issue a letter of guarantee

General enquiries and reimbursement

Headquarters helpdesk (including IARC, ICC, OBS, UNAIDS and UNITAID)

shihq@who.int

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Other useful contacts

SHI-Online: <http://shi-online.who.int>

For technical issues only, email shi-online@who.int

Generic emails:

Direct payment/hospitalization:

shidirectpayment@who.int

SHI medical reports: shimedicaladviser@who.int

Affiliation/former staff contributions:

shi_affiliations@who.int

Regarding the elections of former staff to the SHI Committees, Laure thanked all those who had participated in the process. There had been a record 76 candidatures and it was the first electronic election. Laure congratulated those elected – Ann Van Hulle-Colbert and Alejandro Henning on the Global Oversight Committee, and Marjory Dam and Carol Collado on the Global Standing Committee, with Françoise Héry-Persin and Jane Wallace as alternates. She hoped that everyone would respond to the SHI satisfaction

survey which was about to be sent out to SHI participants.

Regarding the review of benefits, SHI will benchmark its benefits with other UN organizations and international companies in the private sector to see what is being covered in the market. Then modelling will be done of the cost implications. The SHI Secretariat reported that there have been savings to the SHI Fund which could be used towards increasing some benefits.

In 2024, there will be a revision of the IT systems to replace SHI online and the back-up office system which has been in place for the past 30 years. Both are outdated and a one-stop-shop is needed to improve participants' experience and allow SHI to improve its efficiency and services. SHI will try to find what is best on the market. The governance committees had asked SHI to look into telehealth.

Julie commented on cost containment. In high-cost locations, it is preferable to ask for estimates in advance. SHI can give advice regarding planned surgery and negotiate in advance. Participants should check their invoices to watch for overcharging. Participants have the right to go back to the doctor to ask for more details or request a second medical opinion.

The team responding on the emergency number available 24/7 can issue letters of guarantee and facilitate admission.

Discussion then ensued on the following matters:

(Questions from participants are in italics and responses by SHI staff are in regular font)

- *Cash payment limitations – in some countries in the Regions, participants get fairly big cash payment requests and hopefully this matter is being taken up with the Regional Offices. Why does the limitation of US\$ 250 in cash only apply to Switzerland and neighbouring France?*
 - Outside of Switzerland and neighbouring France the cash limit is US\$ 2000. SHI is in touch with the Regional Offices. The US\$ 250 threshold was set by the Comptroller who is monitoring the situation over one year and may adapt the thresholds as appropriate. Some health care providers in Switzerland and neighbouring France are charging 40% more than for patients

covered by the Lamal or the French *Sécurité sociale*. There have been cases of collusion between the patient and health care provider, where the provider encourages the patient to pay cash, the invoice shows the full amount, the patient does not pay the 20% and gets the reimbursement and the provider is not declaring the bills and therefore not paying taxes.

- *Standardization of SHI email addresses would be preferable to the current mix of formats*
 - The WHO standard email address format is not always what SHI would like and they too would like to see something more consistent.
- *Further SHI online courses*
 - SHI could not keep pace with the demand – there has been restructuring in the team and they are trying to see who can manage the training courses as well as updating the format.
 - SHI is trying to get more tutorial videos prepared and then perhaps just Q&A sessions could be set up instead of complete briefing sessions.
 - SHI has received a lot of ideas on how to improve the system and is working on it.
- *Experience with the use of SHI online – follow up is cumbersome when several submissions are coming through on the same reimbursement – it should be made more user friendly. The SHI online instruction video does not work.*
 - Using the video to submit a claim is not allowed in the current system and hopefully this can be addressed in the future.
 - SHI has a big wish list for improvements to be included in the new system and this will be part of the integrations planned in 2024 for the new one-stop shop.
- *SHI hard cards are preferable to flimsy printed pieces of paper*
 - SHI is endeavouring to avoid using plastic. Many plastic cards sent out in the past had been returned as people had not informed SHI of their change of address. However, new plastic cards can be requested by email through shihq@who.int.



- The plastic cards sent out are valid for 5 years. Plastic cards for active staff will be stopped from January 2024 (electronic cards only) and one last batch (valid also for 5 years) will be sent to former staff who request it in 2025 when the current card validity will have expired.
- After that, former staff will be issued a plastic card only upon request (it will be sent by post).
- *There sometimes seems to be a lot of querying of claims and follow-up needed to get responses from the SHI medical adviser which leads to a long delay in reimbursement*
 - A lot of information sometimes needs to be requested for control purposes in line with the SHI Rules.
- *Reimbursement of transportation between medical facilities and for those who live alone and/or only have aged friends who cannot drive them to health care providers – taxis can cost a lot of money if you need to go far away. There should be a distinction between those who have family and transport and those who do not.*
 - A medical report would be needed to justify a transfer from one medical facility to another. Medical reports are only sent to the medical adviser and cases are reviewed on a case-by-case basis.
 - SHI sometimes receives claims for parking charges, e.g. CHF 3, when patients are seeing a doctor.
 - SHI is audited annually.
- *The delay in settling direct payment claims*
 - SHI used to have four staff dealing with direct payment but now there are only three and they are overworked. Processing is done in Geneva also for the Regional Offices and more than 100 emails are received daily. There are letters of guarantee to be delivered daily and the staff make contact with clinics around the world on a daily basis.
 - The delay was 6 weeks but this has now been reduced to 4 weeks.
 - SHI is working with its governance committees to see how it can improve its services.
- *What kind of accreditation is required for the mental health professionals?*
 - The new definition of such professionals is included in the appendix to the SHI Rules. They have to be recognized in the country where they practise and are giving the care.
- *The 24 sessions without prescription for psychotherapy are over what time period?*
 - The 24 sessions without prescription are permitted per calendar year. If more sessions are needed, a medical report including an ICD code should be submitted and the additional sessions can be reimbursed without a limit.
- *Regarding telehealth, will SHI work on this together with other UN system organizations which have their own health insurance?*

- SHI has only launched a request for information and will see how WHO might want to get involved: it is not yet at the contracting stage.
- There have been some contacts with other UN organizations which have implemented telemedicine – the experience of some has been good and of others not so good – but there has not yet been any discussion about developing something with them.
- *Why are retirees (many aged 60-80 years and affected by ageing issues) being equated with serving staff who have access to facilities in WHO offices that are not available to retirees located in various cities?*
 - SHI welcomes being contacted by these retirees so that they can understand what the issues are and SHI can assist them as much as possible.
- *Why is only 80% reimbursed? This percentage should be raised to 100% for retirees who have paid their contributions to SHI for decades and who did not make many claims on SHI during their younger days.*
 - This is not an SHI decision but it would lead to an increase in subscription rates and SHI is trying to keep contributions at the same level.
 - If there are large bills and the 20% represents 5% of your annual remuneration, you are entitled to supplementary benefit (see SHI Rule C.2).
 - The benchmarking study will help to see which benefits can be improved and which reimbursement rates can be increased.
 - Ceilings need revision and will also be part of the benchmarking study.
- *The reimbursement procedures should be made more user friendly for retirees. There are rigid rules – some things are approved and others are not allowed, e.g. why is a claim for a blood pressure monitor refused but a glucometer is allowed?*
 - SHI does not pay for vitamins or blood pressure monitors: this will be addressed during the benchmarking and holistic review of the SHI Rules.
- *Why can only 5 bills be submitted together? It is not just a question of a multiple number of SHI envelopes but retirees are forced to visit courier and postal services more frequently and thereby incur extra expenses.*
 - They are limited by the system and by SHI because the SHI staff used to receive 12 months of medical invoices in several envelopes, with small receipts mixed with prescriptions and it took the staff a long time to reconcile each document: a decision was therefore taken to limit to 5 bills per claim.
- *Why are certain medicines, supplements and equipment that are prescribed by doctors not reimbursed without clarification?*
 - Most of these non-reimbursable items are detailed in the SHI Rules. SHI's objective is "to provide reimbursement of a major portion of the expenses for medically recognized health care" and therefore cannot reimburse everything, even if a prescription is provided.
- *Prevention is better than cure: the rule of reimbursing medical check-ups every two years should be revised to one year for those up to 70 years old, and then every six-months thereafter*
 - A working group will be set up to review current preventive measures reimbursed under the SHI Rules and make any recommendations for changes.
- *As a gesture to retirees, WHO should facilitate hospitalization procedures by entering into agreements with many more hospitals to facilitate retirees receiving indoor (in-patient) treatment. With advancing age, indoor (in-patient) admission is needed more frequently. After receiving the 20% share from the patient, the hospital can get the remaining 80% reimbursed by WHO directly.*
 - Regarding access to health care without up-front payment, if it concerns a large amount, SHI can be contacted for a letter of guarantee and this allows direct payment.
 - There is a new SHI staff member in Budapest who is a procurement expert and she has been working to expand conventions with health care providers and increase access to care worldwide. It is a big exercise but she is making progress: the SHI Online conventions map shows regular updates.

- For direct payments, previously these were eligible at the level of 15% of the monthly pension but now this has been reduced to 10%, so SHI is also trying to facilitate direct payment.
- *The previous arrangement of redressal of SHI issues at the Regional level should be restored by bringing back the Regional Surveillance Committees. These Committees handled retiree issues keeping in mind their past history and realities on the ground of which HQ may not be aware.*
 - Indeed there used to be a committee in each Region before a review of the governance was carried out and the Global Standing Committee was put in place – it has representatives from each Region and elected retiree representatives. The needed Regional knowledge remains on the Committee through the representatives and SHI also has Regional focal points with whom they are in daily contact.

The Assembly expressed its gratitude to the SHI representatives for their participation and their responses to the questions, and thanked all the SHI staff for their help and advice provided to retirees during the year. **Regarding the concern expressed by members about the delays in direct payments, the Assembly requested the AFSM Executive Committee to look into the matter.**

Amendments to the AFSM Statutes

Following the election of the Executive Committee for 2022–2024, none of the members of the Committee felt that they had sufficient free time to assume the duties of the presidency. It was therefore agreed to establish a co-presidency of three people and not to have vice-presidents. As a co-presidency is not provided for in the AFSM Statutes, it was necessary to bring a proposal for revision to the General Assembly.

The Assembly agreed to the following amendment of the text of Article 7 of the Statutes:

“The Executive Committee shall elect from among its members a bureau composed of a President, two Vice-Presidents, a Treasurer, an Assistant Treasurer and an Administrator for a period of two years, provided no office holder occupies more than one of these posts. They may be re-elected

every two years, with the provision that the maximum duration of continuous mandate for the President shall be four years. In exceptional circumstances, should there be no-one among the Committee members in a position to accept the full responsibility for the post of President, the Presidency may be shared among 2 or 3 Co-Presidents until such time that the Executive Committee identifies and elects a Committee member who is able to assume full responsibility for the post of President. In such exceptional circumstances, one or both posts of Vice-Presidents will not be filled.”

In response to a question, the three Co-Presidents shared their views on experience with the co-presidency which is working well. Tasks are shared and there are frequent communications by email. Decisions are taken by the Executive Committee as a whole which meets monthly. Messages from members should be sent to the Executive Committee using the generic AFSM email addresses, aoms@who.int or afsm_aoms@who.int and will be dealt with by the responsible member. The email account is monitored daily. Demands on the Executive Committee and its presidency have increased as the DG increases collaboration with former staff and in view of the increased collaboration with the associations of former staff in the Regions under the umbrella of the Global Council of AFSMs. Unfortunately, the calls to AFSM members for volunteers to help with initiatives proposed by WHO programmes have not led to much response.

Financial report and Auditors’ report on the 2021–2022 biennium

Anne Yamada, AFSM Treasurer, introduced the financial report (*see page 16*). Charles Hager, one of the two AFSM Auditors, read out the Auditors’ Report for the biennium in which they recommended approval of the 2021–2022 financial report.

A question was raised about the figure in the budget for 2023–2024 of CHF -14,400 shown at the end of the income and expenditure table. This is a hypothetical deficit as the AFSM sets aside for future use 11/12^{ths} of the life membership contributions received. AFSM has more than enough funds to cover this amount.

Reference was also made to the level of assets shown in the balance sheet and investment opportunities following the closure of the Association's UN Mutuelle account. This matter had also been raised by Richard Saynor, one of the AFSM Auditors. The Executive Committee had discussed investment possibilities with UBS. At the time, the interest rates were very low but will probably improve, so the Executive Committee had decided to wait and look for better opportunities in the future. The Committee is also monitoring the action which AFICS Geneva will take as this association has more assets than the AFSM.

Regarding closure of the account in the UN Mutuelle (MEC), several associations of former staff had had to do the same as the MEC board requires proof of payment of taxes. The AFSM is working with the Staff Association to ensure re-insertion of the AFSM and its Statutes in the Statutes of the Staff Association as, for some reason, they had been deleted a few years ago.

The Assembly approved the financial report for 2021–2022 and accepted the Auditors' report.

Election of Auditors for 2023–2024

In accordance with the AFSM Statutes, the Assembly re-elected the two Auditors for 2023–2024 – Charles Hager and Richard Saynor – and thanked them for their past and continuing services.

Other business

(The question from a participant is in italics and the response by the Executive Committee is in regular font)

- *The period of three days from 23–25 October for influenza vaccinations of retirees is too short and should be extended*
 - Retirees can sign up for any date which will be shown on the Staff Health and Welfare site due to go live on 9 October.
- The financial report for 2021–2022 will be included with the report of this General Assembly in the January issue of the Quarterly News.
- Calls to AFSM members to volunteer in WHO's activities had not led to much response, e.g.

calls for mentors and for contributions to WHO's 75th anniversary celebrations.

- Hopefully more members will volunteer in the future as more opportunities are identified with WHO programmes in order to meet the DG's expectations. As indicated above, the DG calls the volunteers "*senior interns*".
- A minute's silence was observed in memory of former staff who had passed away since the last General Assembly. Special mention was made of Roberto Masironi, a former long-time member of the Executive Committee and its Bureau.

Closure

The Chairperson thanked the WHO Administration for organizing this hybrid Assembly: those who had given presentations and responded to questions – Denise Gustin-Gardella and Philippe Gay from the Pension Fund, and Laure König and Julie Perez from SHI; the interpreters – Geneviève Clément and Christian Stenersen, and the interpretation services team; the online Moderator Ambi Sundaram; the technician Laurent Barbey and his conference services colleagues; Jennifer Linkins, Director HRT; Robert Jakob, President of the Staff Association; the representatives from sister associations of former staff – Odette Foudral, Pierre Sayour and Catherine Tiberghien; the AFSM members for their participation; and the AFSM Co-Presidents and Executive Committee members for all their efforts to help AFSM members.

On behalf of the Executive Committee, Dev expressed his gratitude to Guénaël for his excellent chairmanship of the Assembly and reiterated thanks to all those mentioned by Guénaël.

After the closure of the Assembly, most of the participants went on a tour of the offices in the new B building, kindly guided by five staff volunteers – Sofia Dambri and Rifat Hossain from the Staff Association, and Liliana Mircescu, Brian Wertschnig and Andi Zhamierashvili from HRT.

The Assembly and the tours were followed by a reception in the WHO cafeteria at 17.30.

Photos of the reception on page 18 and 19. All photos courtesy of Marc Karam.

EXTRACTS FROM AFSM FINANCIAL REPORT 2021–2022

AFSM/AOMS				
Income & expenditure accounts 2019-20/2021-22 & Budgets for 2021-22/2023-24 at 31.12.2022 in CHF				
Comptes recettes et dépenses 2019-20/2021-22 et Budget pour 2021-22/2023-24 au 31.12.2022 en CHF				
Income/Recettes	Actual/effectives	Actual/effectives	Budget	Budget
Item/Postes	2019-2020	2021-2022	2021-2022	2023-2024
Membership fees/Cotisations des membres				
Annual members/Membres annuels	658.00	1,038.26	650	600
Life members (new & conversions)/ Membres à vie et conversions	9,322.68	14,401.15	9,500	10,000
Total membership fees/Total des cotisations	9,980.68	15,439.41	10,150	10,600
Interest/Intérêts				
on current accounts/sur comptes courants	0.00	0.00	0	0
on saving account UBS/sur comptes épargnes UBS	0.35	0.00	0	0
on saving account Mutuelle UN/sur compte épargne Mutuelle ONU	4,940.50	6,654.05	4,900	0
Total Interest/Total des intérêts	4,940.85	6,654.05	4,900	0
Contributions /Contributions				
Contributions by WHO for annual receptions/Reçu de l'OMS pour réception annuelle	744.00	0.00	1,400	0
Participants' contributions to annual reception/des participants aux réceptions annuelles	725.00	0.00	1,500	1,000
Lottery receipts during Solidarity Fair/Recettes lors des Foires de Solidarité	790.00	0.00	0	700
Donations received from members	60.00	107.00		0
Closure of travel act. w/AFSM /Clôture Compte Voyage		512.23		
Total contributions/Total des contributions	2,319.00	619.23	2,900	1,700
Total income/Total des recettes	17,240.53	22,712.69	17,950	12,300
Expenditures/Dépenses				
Item/Postes	2019-2020	2021-2022	2021-2022	2023-2024
Miscellaneous office expenditures/Fournitures de bureau*		81.20	500	5,000
Bank charges/Frais bancaires	462.70	558.85	500	600
General Assembly/Assemblée générale/		600.00		1,400
Annual receptions Réceptions annuelles	7,236.00		8,000	8,000
Interpretation (Webinar)	600.00	600.00	800	700
Creation of travel account outside AFSM/Création compte voyage hors OMS		512.00		
Flowers approved by Ex-Com/Fleurs approuvées par Ex-Com	102.60	200.68	200	100
Reimbursement of expenses incurred by AFSM representation outside of Geneva/Remboursement de frais de représentation de l'AOMS hors Genève	467.85		600	
Hospitality/Hospitalité	648.50	430.70	600	600
Donation to Swiss Cancer Research in memory of R. Fontana		1,500.00		
Donation to Solidarity Funds/Dons au Fonds de Solidarité	790			850
Plateforme membership fee/Cotisations Plateforme	450.00	450.00	450	450
Printing cost for banner/Coût d'imprimerie pour bannière		190.95		
Funds assigned for future services to life members/ Fonds assignés pour services futurs aux membres à vie	8,545.79	13,201.05	8,708	9,000
Total expenditures/Total des dépenses	19,303.44	18,325.43	20,358	26,700
Income over expenditures/Recettes sur dépenses	-2,062.91	4,387.26	-2,408	-14,400
Total	17,240.53	22,712.69	17,950	12,300

*for 3 new laptops for Ex-Com office/pour 3 nouveaux laptops pour bureau du Comité exécutif

AFSM/AOMS

Accounts/Comptes 2019-20 & 2021-22
Balance sheet/Bilan at/au 31.12.2022
in/en CHF

Assets/Actifs

item/Poste	31/12/2020	31/12/2022
Current assets/Actifs courants		
Current account UBS/Compte courant UBS*	15,110.29	270,491.20
Current account Post Finance/Compte courant Poste Finance	16,202.95	18,860.05
Current account Mutuelle UN/Compte courant Mutuelle ONU	1,446.95	0.00
Cash/Caisse	58.00	30.90
Total current assets/Total des actifs courants	32,818.19	289,382.15
Investments/Investissements		
Saving account UBS/Compte épargne UBS	3,790.46	3,790.46
Saving account Mutuelle UN/Compte épargne Mutuelle ONU*	238,975.65	0.00
Total investments/Total des Investissements	242,766.11	3,790.46
Total assets/Total actifs	275,584.30	293,172.61

Items/Postes	31/12/20	31/12/22
Funds available at beginning of period/Fonds disponibles au début du biennium	269,101.42	275,584.30
Excess income over expenditure/Excédent des recettes sur les dépenses	-2,062.91	4,387.26
Capital funds as at the end of the period/Fonds disponibles en fin du biennium	267,038.51	279,971.56
Deferred funds from life members/Fonds assignés pour membres à vie	8,545.79	13,201.05
Total	275,584.30	293,172.61

Cumulated allocation for future activities /Total cumulé pour services futurs aux membres à vie:

2009-10 :	16,465.26
2011-12 :	12,621.15
2013-14 :	10,703.49
2015-16 :	10,132.83
2017-18 ;	14,200.00
2019-20 :	8,545.79
2021-22 :	13,201.05
Total	85,869.57

*Due to administrative constraints of the Mutuelle, the AFSM Executive Committee decided to close the account and to transfer the balance to AFSM's Current UBS account/
 En raison de contraintes administratives de la Mutuelle, le Comité exécutif de l'AOMS a décidé de clôturer le compte et de transférer le solde sur le compte courant UBS de l'AOMS.

2023 AFSM RECEPTION IN PHOTOS





2024: POSSIBLE DATES FOR COFFEES/LUNCHESES/ACTIVITIES IN THE GENEVA AREA

Ferney-Voltaire: Lunches are held on the last Monday of the month at *Restaurant Voltaire*, 10 Grand'rue at 12 noon. The restaurant is inside the café, opposite the bar, on the left. Wolfgang Schutt maintains an email list of those who usually attend the lunches. If you are not on the list and would like to be informed about when they take place, please contact him at wolfgang.schutt@orange.fr.

Geneva:

Cité Seniors: Please check their website – www.geneve.ch/fr/cite-seniors – to find out about their activities. On the first Wednesday of the month, “*International Carrefour*” coffee afternoons are held from 14.00–16.00 at Cité Seniors, 62 rue de Lausanne/28 rue Amat. Cité Seniors offers many activities – their programme can be found on the website or give them a call on 0800 18 19 20. The Cité is open on Tuesdays from 10.00–12.30 and from 13.30–17.00 and from Wednesdays to Fridays from 09.00–12.30 and 13.30–17.00, and on Sundays from 11.30–17.00 as per the programme.

CAD: Hospice général: Offers many activities for seniors – their programme can be found at www.hospicegeneral.ch/fr/ or give them a call on 022 420 52 00 from Monday to Friday – 08.30–12.00 and 14.00–17.00.

Fondation pour la Formation des Aînées et des Aînés de Genève (FAAG): organizes lectures on Thursdays – their programme can be found on their website www.faag-ge.ch.

Institut National Genevois: also organizes conferences and concerts in Geneva, details of which can be found on their website – www.inge.ch, or by telephone 022 310 41 88.

MDA-A50+: Offers many activities for the over 50's – their programme can be found at <https://mda-geneve.ch/> or give them a call on 022 329 83 84 on Tuesday to Friday mornings from 09.00–13.00.

Nyon: The monthly coffee dates remain suspended pending a volunteer to organize them. If you would like to take on this satisfying project, kindly send a message to aoms@who.int.

NEWS FROM WHO

Highlights of news from WHO

- **Three new Regional Directors were nominated** by the respective Regional Committee for appointment by the Executive Board in January 2024, for a period of **five years from 1 February 2024**:
 - For the **Eastern Mediterranean – Dr Hanan Balkhy from Saudi Arabia**, Assistant Director-General for Antimicrobial Resistance at HQ
 - For **South-East Asia – Ms Saima Wazed from Bangladesh**, a psychologist and doctoral candidate in human resource development
 - For the **Western Pacific – Dr Saia Ma’u Piukala from Tonga**, a surgeon and public health leader, Minister of Health of Tonga. **The Western Pacific Regional Committee expressed its thanks to Dr Zsuzsanna Jakab, Acting Regional Director** who had ensured the continuation of WHO’s activities in the Region.
- **Support and supplies of medical equipment** have been sent **to Libya** following the floods, **to Armenia** to help those fleeing Nagorno-Karabakh, and of course are ongoing **to Gaza**. The **WHO Special Representative in Israel** spent almost two weeks **travelling across Gaza** to see how the health system was responding in the aftermath of the attacks led by Hamas.
- On 19 September, **WHO released the first-ever report on the devastating global impact of high blood pressure**, along with recommendations on the ways to win the race against this silent killer which affects 1 in 3 adults worldwide. <https://www.who.int/news/item/19-09-2023-first-who-report-details-devastating-impact-of-hypertension-and-ways-to-stop-it>
- As mentioned in the October QNT, **the UN General Assembly convened three high-level meetings on health** in September. WHO welcomed an historic commitment by the world

leaders for greater collaboration, governance and investment **to prevent, prepare for and respond to future pandemics.**

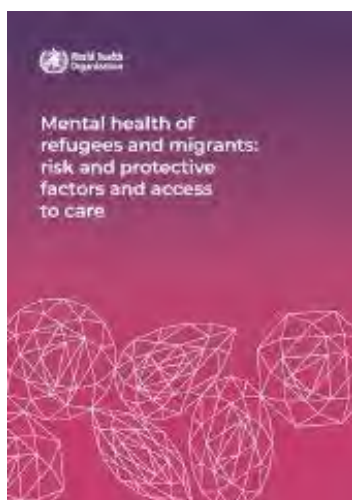
- On the 21st, a new Political Declaration on **“Universal Health Coverage (UHC): expanding our ambition for health and well-being in a post-COVID world”** was approved. <https://worldhealthorganization.cmail19.com/t/d-l-virjtkk-ttlhjrtdkl-r/>



- On the 22nd, the world leaders committed to **new targets to end TB**. <https://www.who.int/news/item/22-09-2023-world-leaders-commit-to-new-targets-to-end-tb>
- On the 23rd, WHO launched the **TB vaccine accelerator council** to facilitate the **development, licensing, and use of new TB vaccines**. <https://www.who.int/initiatives/tuberculosis-vaccine-accelerator-council>. The **2023 Global Tuberculosis Report** was issued on 7 November, <https://www.who.int/teams/global-tuberculosis-programme/tb-reports/global-tuberculosis-report-2023>.
- On the occasion of **World Alzheimer’s Day** on 21 September, **staff were informed of ways to reduce their risk of developing dementia**:

exercise, don't smoke, avoid harmful alcohol use, manage your weight, eat a healthy diet, keep your mind active and ensure your blood pressure, cholesterol and blood sugar levels are optimal: and on **World Heart Day** on 29 September, **staff were alerted to the five risk factors** which put their heart at risk: unhealthy diet, drinking too much alcohol, tobacco, air pollution and not moving enough.

- On 25 September, the **Director-General accepted the Most Influential People of African Descent Award** on behalf of WHO colleagues from around the world including Africa.
- On 2 October, **WHO and the World Anti-Doping Agency (WADA)** signed a four-year memorandum of understanding to allow experts from both organizations to **collaborate and share information on issues where anti-doping and public health intersect**.
- Also on 2 October, WHO recommended a **new vaccine, R21/Matrix-M, for the prevention of malaria in children**.
- On 6 October, **WHO** signed two new agreements with the **Government of Germany**: for €40 million for WHO's **work in health emergencies** and for **hosting the Berlin-based WHO Hub for Pandemic and Epidemic Intelligence**. With this new contribution, Germany has already provided €53.5 million in 2023 to support **WHO's response to more than 50 active health emergencies**.
- On 9 October, **WHO** and the Office of the **High Commissioner on Human Rights** released new joint guidance on "**Mental health, human rights and legislation: guidance and practice**".
<https://www.who.int/publications/i/item/9789240080737>.



On **World Mental Health Day** on 10 October, WHO released the fifth report of the Global Evidence Review on Health and Migration series – **Mental health of refugees and migrants: risk and protective factors and access to care**.

Around 1 in 8 people globally live with a mental health condition and refugees and migrants are particularly vulnerable.

<https://www.who.int/publications/i/item/9789240081840>

- Also on 9 October, **WHO congratulated Egypt** for becoming the first country to achieve "gold tier" status on the path to **elimination of hepatitis C** as per WHO criteria.
- On 19 October, WHO released a new publication on **Regulatory considerations on artificial intelligence for health**.
<https://iris.who.int/handle/10665/373421>



- Also on 19 October, WHO released its 2023 **Essential Diagnostics List** which supports countries to make national diagnostic choices.
<https://worldhealthorganization.cmail20.com/t/d-l-vdydtut-ttlhjrtdkl-y/>
- On 23 October, co-hosted by **WHO, UNICEF and the Government of Kazakhstan**, an **International Conference on Primary Health Care** was convened in Astana, marking the 45th anniversary of the historic Declaration of Alma-Ata and the 5th anniversary of the Astana declarations. It was an official side event of the 73rd session of the WHO Regional Committee for Europe, calling on Member States to reframe and invest in primary health care as the backbone of "**Health For All**".

- On 25 October, the **European Union allocated an additional €10 million to improve mental health and address drug use disorders in Afghanistan.** The funds will ensure that WHO and the UN Office on Drugs and Crime can widen access to mental health support and drug abuse treatment and rehabilitation services for vulnerable populations, including women and girls.
 - On 27 October, staff were informed that **WHO colleagues were responding to 43 acute and protracted graded emergencies in the six regions**, some 14 of which are graded at the highest level.
 - On 30 October, WHO launched its first-ever **Global research agenda on health, migration and displacement.**
<https://www.who.int/publications/i/item/9789240082397>
 - Also on 30 October, the **Global Preparedness Monitoring Board (GPMB)** <https://www.gpmb.org/> issued a warning in its report – **A Fragile State of Preparedness: 2023 Report on the State of the World's Preparedness** – that the fragile progress to strengthen preparedness made in the wake of the Covid-19 pandemic is at risk and the world's capacity to deal with a potential new pandemic threat remains inadequate,
<https://www.gpmb.org/annual-reports/overview/item/a-fragile-state-of-preparedness-2023-report-on-the-state-of-the-worlds-preparedness>
 - On 31 October, WHO announced the **elimination of visceral leishmaniasis as a public health problem by Bangladesh, the interruption of leprosy transmission by Maldives and the elimination of rubella by the Democratic People's Republic of Korea.**
 - On 3 November, WHO called upon world leaders to **increase political commitment and action to invest in the "One Health" approach** to prevent and tackle common threats affecting the health and well-being of humans, animals, plants and the environment together.
 - On 7 November, the **Director-General signed a new partnership agreement with the Minister of Health, Welfare and Sport of the Netherlands, in support of flexible and sustainable financing for WHO.**
 - On 8 November, **WHO and the ILO issued a report on the effect of occupational exposure to solar ultraviolet radiation on malignant skin melanoma and non-melanoma skin cancer** – Joint Estimates of the Work-Related Burden of Disease and Injury. To protect yourself, you should seek shade, wear sun-protective clothing, put on a broad-brimmed hat, apply sunscreen and get checked regularly for skin cancer.
<https://www.who.int/publications/i/item/9789240040830>
 - Also on 8 November, the **Director-General emphasized** to delegates attending the 7th meeting of the Intergovernmental Negotiating Body **the need for delivery of a pandemic agreement and a package of International Health Regulations amendments to the World Health Assembly in May 2024** – *"This is a generational opportunity that we must not miss."*
 - On 9 November, in the lead up to the **UN Framework Convention on Climate (COP-28)**, to be held in the United Arab Emirates from 30 November – 12 December, **WHO launched a new Framework for climate resilient and low carbon health systems.** In collaboration with the Wellcome Trust and other partners, WHO hosted a Health Pavilion at COP-28.
<https://www.who.int/news/item/09-11-2023-who-unveils-framework-for-climate-resilient-and-low-carbon-health-systems>
 - 18–24 November was **World Antimicrobial Awareness Week.** The theme remained the same as in 2022 – **Preventing antimicrobial resistance together.**
 - On 29 November, WHO hosted a meeting of the members of the **World Hearing Forum**, a WHO-hosted global advocacy alliance for **raising awareness about the need and importance of ear and hearing care.** It has over 180 members in 57 countries. This meeting followed a stakeholders meeting held on the previous two days.
- Further information and documentation can be found on the WHO website – www.who.int.

Sue Block Tyrrell

READERS' RECIPES

Dark chocolate and Sichuan pepper* truffles (serves 6)



Recipe

Chop 200 g of chocolate with a knife. Bring 12 cl of cream to the boil with 5 g of ground Sichuan pepper (it's better to crush it). Leave to infuse for a few minutes, then pour over the chopped chocolate. Leave the chocolate to melt, then stir with a spatula to avoid incorporating any air. Set the mixture aside in the fridge. Using a piping bag, make cylinders on a sheet of greaseproof paper, then cut into sections of around 3 cm. Leave to cool to harden (I found it easier to make balls). Coat the truffles with cocoa powder (100 g). Chill and keep in a cool place.

Ingredients

200 g Dark chocolate
12 cl Whole cream
5 g Sichuan pepper
100 g Unsweetened cocoa powder

Michèle Evans

Recipe from L'Atelier des Chefs

* Sichuan pepper is not really a pepper at all. It is from a different family of plants which produce berries that are sun dried to make a spice with a lemony and woody flavour.

NEW MEMBERS

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

New Life Members

Maryse Caromel
Avril Collier
Jiagang Guo
Alejandro Henning
John Kennedy
Douglas King
Richard Preston
Rosa Seminario Gandolfo

Conversion to Life members

New Annual Members

Petros Kiragu Gikonyo
Chaabia Guichard Razzakh
Giorelley Velia Niezen
Mark Daniel Perkins
Paul Van Look

SHELTERED ACCOMMODATION

Liberty or security? That is the question!*

For two years now I have had direct personal experience of living in what would probably be described in the UK as sheltered accommodation. My husband and I share a small flat within an enclosed “senior residence”.

This has led me to extended reflection about the relative merits of such a living arrangement as compared to remaining in one’s own home with external support, professional and/or private.

Throughout life we continuously, and without realizing it, make lifestyle choices that are a trade-off between liberty and security; between freedom of action and being in a stable relationship; or between a freelance creative job and secure employment. Yet the need to make a conscious choice becomes more evident with advancing years, probably because it is increasingly difficult to change tack if you don’t like what you have chosen.

In the case of a couple, the choice is complicated by the fact that partners may have different needs depending on their state of health, or may find that an age gap that was unnoticed when younger suddenly becomes more significant when one partner is in the early 70s and the other in the late 80s, for example, although chronological age is not necessarily a factor in a person’s dependency status.

I can only use my own experience as a guide, but I am sure the broad lines apply to most national setups. So, liberty or security: what are the options? Living in an institutional setting or at home? Here are some of the pros and cons.

Privacy or instant help. Anyone educated in a boarding school is likely to feel that the constant supervision of matron or the house-

mistress/master has been replaced by round-the-clock surveillance by carers and nurses. In our residence, we are equipped with instant-call bracelets that can summon assistance within 10 minutes, which is critically important in case of falls that are one of the greatest risks of advancing age. Because people may not be in a position to call or may be unconscious for whatever reason, our flats are accessible to all the staff, who have pass keys and who enter as a matter of course and make routine checks several times a day, also because it is a strain opening the door constantly when living with reduced mobility. But the result is a complete lack of privacy.

Availability of health care services. When you live independently, you have to arrange to visit various health professionals and can only receive home visits in particular circumstances. We have the advantage of “home” visits by a doctor, physiotherapist, ergotherapist, psychologist, nurses for blood tests, etc. The staff also arrange external medical appointments and transport.

Isolation or community. If you live alone in your own home, there is the inevitable risk of sudden health issues arising. In an institution, apart from the constant availability of assistance, there is regular monitoring of blood pressure, temperature, blood oxygen etc. On the other hand, one is susceptible to catching every single virus that is circulating, either from the staff or from other residents. You don’t choose the company, and finding yourself alongside strangers who may be in worse shape than you are, especially mentally, can be challenging, at worst depressing.

Nourishment. If food is provided centrally, one must accept that, if you want to eat, you will have to conform to set times and put up with a lack of choice and/or suboptimal culinary offerings. In our set-up, it is possible to do some rudimentary

* This article was first published in the Newsletter of the British Association of Former UN Civil Servants (BAFUNCS), No.84, Autumn 2023, p.13. Our thanks to Mary Roll-Vallanjon, former WHO staff member, AFSM member, and Editor-in-Chief of the BAFUNCS Newsletter.

cooking, but it involves shopping which can be a problem if mobility is reduced. If you are living at home, grocery delivery services are available, but with increasing health problems, doing one's own cooking becomes a liability.

Liberty or security. I have found it very frustrating that the main doors are locked at 6 p.m., meaning no-one can go in or out without asking. Because residents have a mix of states of mental health, we are not given badges or a door code. It can happen that one is stuck inside or outside for quite some time before someone shows up. But I had reason to appreciate the system on the occasion that my husband disappeared from our flat in the middle of the night and was found in the main hall, all dressed up and thinking it was time to go to work.

In conclusion

Before deciding whether to have your home adapted to your needs or to move into a care home or specially designed accommodation, you need to take stock of your priorities and decide what is most important to you personally, with a realistic assessment of your level of dependency. The decision will also need to factor in the geographical closeness or otherwise of family members who are in a position to take up some of the burden of care and practical support.

Mary Roll-Vallanjon

READERS' LETTERS

Further thoughts on the article *Liberty or security? That is the question!*

I read with interest the article by Mary Roll-Vallanjon (*above*) to which I would like to add a few personal comments.

Mary has done us all a great service in highlighting the pros and cons of assisted living. However, some aspects would benefit from greater emphasis.

She is fortunate that she lives with her spouse in the assisted living homes she describes. Despite some of the pros she mentions, many people living in these establishments are living alone – widows or widowers. As such their spectrum of having dear ones nearby is much more limited. Often, those who are living in this type of accommodation are there because it has become very difficult for them to live independently, or they are placed there by their families, unable to provide the care they require.

The first shock is to be surrounded primarily by elderly people, with far fewer contacts with younger generations – be they in the street, in shops, or in public spaces.

I have witnessed my own mother-in-law in one of these homes, she was eager to quit the world, to escape being surrounded by people with so many health problems. Another person I knew was the gifted former Director of Human Resources in another Organization. He too was soon fed up. Even though the home was like a four- or five-star hotel – he was a captive.

I have always thought it would be much more amenable if these accommodations can be paired with schools of young children – both populations would gain a lot and participate in mutual activities.

Also, if we look at various books on mortality*, we find that a majority of people want to live their last years of life in their own homes rather than in assisted living quarters. Of course, some would be much better off in these quarters e.g. those suffering from Alzheimer's or diseases which need fairly constant care.

For those able to continue their lives with some periodic assistance it may not be such a good choice. But as Mary points out, each person will have to assess their needs and decide accordingly.

My comments are not to be construed as negative ones but as supplementary considerations.

Dev Ray

* *Being Mortal. Medicine and What Matters in the End.* By Atul Gawande, Picador Publishing, or from Amazon. Available free to read on Kindle Unlimited

ASTRONOMY

The skies for January–June 2024

The bright planets Venus, Mars, Jupiter and Saturn are very easy to spot and often draw attention to themselves through their brilliance. Jupiter is a case in point. During the first three months of 2024 it is the brightest astronomical object in the evening night sky apart from the Moon.

But there is one planet that everyone has heard of but few have seen: Mercury. Being the closest planet to the Sun it moves the quickest, and also it never moves far from the Sun, so it is only ever visible for a short time after sunset or before sunrise. Most people will miss it as it shines shyly in the twilight.

However, this March there is a good opportunity to spot Mercury, for northern hemisphere observers at least. It will be at its greatest distance from the Sun on 24 March, and what's more, the angle of the ecliptic (the path of the planets in the sky) is at its steepest to the horizon in March. That means it will be much better placed for observation than at most other times.

Look for it due west, low in the twilight sky about 45 minutes after sunset on any clear evening from about 18 March until the end of the month. A night-sky phone app might help you to find it as it can be elusive.

For more tips on what can be seen in the sky look on the Society for Popular Astronomy's website, www.popastro.com.

Article kindly provided by the British Society for Popular Astronomy

NEWS FROM FORMER WHO STAFF MEMBERS' GROUPS AROUND THE WORLD

News from around the world

AFSM-HQ: The past quarter has witnessed major progress in the Regions.

The fifth meeting of the AFSM Global Council was organized by AFSM-AMRO/PAHO on 11 October. It brought together the Associations of AFRO, AMRO/PAHO, EMRO, SEARO and WPRO as well as the representatives of the informal group of EURO Retirees.

Our association was represented by its three co-presidents and Ann Van Hulle for Health Insurance. Three major topics were covered.

- Jennifer Linkins, HRT Director, presented the Administration's proposals to implement the requests made to the Director-General by the Associations to enable them to better help retirees around the world. These proposals will also be sent to the Regional Directors.
- The second topic focused on suggestions to better define the role of the AFSM Global Council in relation to individual Associations.
- Finally, Samantha Bell-Shiers and Laure König answered many questions and clarified some misunderstandings regarding our Staff Health Insurance. Obviously, the Regional Associations do not have the same access as we do in HQ, to the subtleties of the functioning of the Health Insurance and its Statutes. This topic is very important to the global community of former staff, and it is proposed that it be on the agenda of every Council meeting.

The next meeting of the Council is planned to take place in Geneva in May 2024 at the time of the World Health Assembly and the closing of WHO's 75th anniversary celebrations. This meeting will be particularly memorable because the Director-General has generously offered to invite representatives of the associations to Geneva.

The consequences of the intervention of Dr Tedros at the March 2023 Global Council meeting have been remarkable and prompted several Regional Directors to take initiatives to recognize their former staff Associations.

Several notable results will be noted in the articles that follow, for example:

- In Manila, a memorandum of understanding was formally concluded between the Acting Regional Director and AOMS-WPR in October.
- In September, representatives of AFSM-Africa were invited to the Regional Committee meeting in Gaborone.
- In October, Hanaa Ghoneim, President of AOMS-EMR was invited to formally address delegates from the EMR region during the Regional Committee held in Cairo.
- In New Delhi, our colleagues in AFSM-SEAR participated in the Regional Committee in October.
- In Copenhagen, our colleagues continue to work with the EURO Administration and brought together a group of retirees to establish a Regional former staff association.

We hope that all regional associations will quickly benefit from the visibility brought by the existence of the Council and – above all – the desire of the Director-General to endorse our Associations.

Sue Block Tyrrell, Jean-Paul Menu and Dev Ray

Regional reports

AFSM-PAHO/AMRO: This article draws on the presentation made to the 5th Global Council of AFSMs. General and Constituent Activities of the Association: PAHO's is one of the oldest AFSMs. For over 30 years we have enjoyed a long and productive collaboration with most of the PAHO administrations. As we note below, a new RD, Dr Jarbas Barbosa Da Silva began his tenure on 1 February 2023. Relations with AFSM are off to a good start and we expect a fruitful engagement during his tenure. He kindly addressed the Council during our last meeting.

PAHO has a dual type of governance – it is a Regional Office (RO) of WHO, hence it is a part of the UN system, like all other WHO ROs. However, since 1902 it has also been a part of the Inter-American System. Nevertheless, PAHO's AFSM will follow the process of institutionalization into PAHO and WHO in line with the other RO AFSMs.

During the last couple of years, we have maintained our regular constituent activities, reaching out to, and assisting members in all matters relating to topics such as health insurance and pension, as well as social and solidarity. However, it is important to note that for the last four years we have focused on incorporating members who do not reside in the Washington DC area into our activities and deliberations. This has been done by several means:

- Our monthly regular as well as extraordinary Board meetings are now virtual (initially courtesy of COVID), ensuring participation of members anywhere in the world. Two of our Board members do not reside in DC, and one does for only part of the year.
- We have established a Chapter in one country (a complete organization, with officers, by-laws, etc.) and Focal Points in several countries in the Region, as well as in the US outside of DC and in Europe. These members are active participants in the Board and other activities.
- Our newsletter is distributed on-line to members globally.
- In the last three months, intensive efforts have been carried out via social media communications to support our AFSM community. The overall objective has been to increase the use by AFSM members of new technical, social, and cutting-edge tools available on our Website, Facebook, and Instagram sites.
- A web page with documents and analyses is open to all members. The website's main structure reflects our four areas of activity. These are: health insurance and pension; our traditional communication tool – the newsletter; healthy ageing with a particular focus on our commitments to the Decade of Healthy Ageing; and amplification of our activities. Our members are in Spanish, Portuguese and English-speaking Countries in the Region, and most communication is bilingual (English and Spanish).
- Facebook facilitates exchanges among members. The AFSM Facebook site shares social, cultural, and scientific topics, among other interesting information, as well as inviting members, families, and close relatives to post, share, and interact among themselves. A new section is the General Chat, to encourage Facebook participants to post their own experiences or ways of living during our new era of Healthy Ageing.

All these communication channels facilitate links with members, especially with those remiss in submitting their Certificates of Entitlement (CE) to the Pension Fund.

Major efforts are also in place to recruit new members to enrich our programming both as volunteers and for leadership positions.

We include representatives of the regional SHI in all our formal meetings (virtual or physical), as well as presentations on Pension Plan activities to ensure members are well and regularly informed and their concerns heard.

We make a point of supporting families when a member dies to ensure they do not suffer economically, providing social support, in addition to the obvious grief solidarity.

AFSM PAHO is an active participant in ARAIO, a DC-based Association of Retiree Associations of International Organizations which, in addition to AFSM, includes AFICS, the Organization of American States, and most international Development Banks.

Collaboration with other AFSMs and the Global Council of AFSMs: We continue being heavily involved in the development of the Global Council of AFSMs. As the “senior” Regional AFSM we have supported and intend to continue assisting newer AFSMs in their development. We prepared several papers to be analyzed during the October 2023 Council Meeting, a task requiring negotiations on the agenda and preparing supporting documents. We proposed procedures for the Council’s decision-making processes. We are progressing towards institutionalization of our AFSM to ensure parallel actions to those of ARAIO. Together with other AFSMs, we attended the World Health Assembly in May 2023 for the 75th anniversary of WHO, following the generous invitation of the Director-General. This event for the first time enabled in-person meetings of the members of the Council, permitting informal exchanges that enhanced the work of the Council.

Relations with RD/AMRO/PAHO: A new RD started his term on 1 February 2023. He addressed the PAHO AFSM Board and opened our October Council Meeting. In addition, he designated a high-level individual of his staff as our liaison officer, and we had person-to-person meetings with him and our liaison officer in his office. All signals point to a rewarding and effective relationship. Among the main expected areas of collaboration are:

- Continue meetings with WRs, to introduce the Association as well as our Country Focal Point, when available. These have been productive meetings resulting, in most cases, in the appointment of a WR staff member to deal with former staff, the use of facilities (such as the pouch for CE), exchange of information on former staff in the country, and many other topics. We plan to continue and expand these meetings in the future.
- AFSM is part of the pre-retirement program organized by the Regional HR. AFSM was invited to make a presentation and encourage future retirees to join our Association. The RD made a point of ensuring the documentation distributed in these meetings properly reflects the benefits of being a member of AFSM.
- In addition to naming a high-level liaison officer for AFSM in the RD’s office who covers both policy and major issues, Focal Points to support AFSM have been identified in specialized units of PAHO such as Human Resources or IT.
- Although delayed by a lack of resources on our side, PAHO has agreed to a move of our systems to the PAHO communication platform, which will streamline our communications arrangements.

Future Plans and Challenges: We shall continue to work together locally as well as globally at the Global Council level to achieve the “institutionalization” of AFSMs at Regional and HQ levels.

The greatest challenge we face (along with similar associations) is increasing membership and active participation in the Association. Some activities cannot be successfully performed for lack of human resources in AFSM leadership positions.

We expect to continue our active involvement to improve the wellbeing of our members in the Americas and the World.

Hernán Rosenberg Vice-President AFSM/AMRO/PAHO

AFSM-EMR: A Watershed Moment: January 2023, in an interview with Dr A Al Mandhari, Regional Director, EMRO, I raised the question whether it would be possible for an AFSM-EMR representative to attend the Regional Committee.

In September 2023 came the unexpected and momentous surprise; an invitation to not only attend – but also to address – the Regional Committee with a verbal statement. I met the Regional Director and submitted my draft statement and discussed with him my request that it be submitted to their excellencies the Ministers of Health.

During the Regional Committee, the President of AFSM-EMR requested to meet with Dr Tedros, the Director-General, submitted the verbal statement and requested his approval to meet our target to institutionalize and officially recognise the AFSMs.

12 October 2023 was the watershed moment. For the first time since the establishment of the World Health Organization, and while still celebrating its 75th Anniversary, a representative of the Association of Former Staff was addressing one of the major Governing Bodies of WHO, at the same time representing AFSMs for the first time at any of the Governing Bodies of WHO. This was the honour of a lifetime for me, to be the first WHO retiree to be given this opportunity.



An historical moment. For the first time in the 75-year history of WHO, this is the moment a retiree has addressed a WHO Governing Body.

Shown here is Hanaa Ghoneim, President of AFSM-EMR, addressing the 70th session of the EMRO Regional Committee. Held 9–12 October, Cairo, Egypt.

Photo: © WHO.

Organization are asking your Excellencies to agree to have our Associations recognized officially and be included in the Basic Document to ensure the continuity of our services to the retirees.”

Appreciation was extended by AFSM-EMR to Dr Tedros and Dr Al Mandhari for their continued and endless support to AFSMs through out the Organization.

The Regional Director, Dr A Al Mandhari, supported our request during the Regional Committee.

Now, the real work starts.

Hanaa Ghoneim, President AFSM-EMR

During my presentation of AFSMs as service Associations, the following request was submitted, *“Your Excellencies, allow me to submit a request hoping it would be agreeable and acceptable. When WHO was established in 1948 professional expertise produced a Basic Document which covers every minute detail concerning the performance of the Organization, including the right of staff to have their own Association. At that time there were no retirees, however after 75 years we cannot count the number of retired WHO staff. Today those who served the*

AFSM-WPR: Yes, you read that correctly. We are the newest Regional AFSM and first to achieve official recognition, working for former WHO staff residing in the Western Pacific Region. A fitting year-ender.

How did we get here: Dateline 5 October 2017: During the General Assembly of AFSM/HQ, the DG, Dr Tedros, emphasized that all former staff remain part of the WHO family and would be welcome to contribute to the achievement of WHO's objectives. He asked AFSM to propose arrangements whereby *"we can work together, help each other, and remain one family"*. Definitely not empty words, this was followed by the designation of Director/HRT as focal point for the AFSMs, creation of a pool of former WHO staff who would be willing to contribute to objectives of WHO, Short Term Opportunities (STO) made available to interested retirees and former staff, directives to HQ Technical Units to engage AFSMs in WHO activities, as in the UN Decade of Healthy Ageing and the 75th Anniversary of WHO. In October 2022, the first WHO-AFSM Joint Event was held – the Global Webinar on the UN Decade of Healthy Ageing where WHO reported on potential areas for collaboration.

Dateline 28 March 2023: At the fourth meeting of the Global Council of AFSMs, the DG revealed his plans for engagement and involvement of the Associations of retirees in WHO's activities and encouraged the Associations to present him with support needed to enable them to exercise their mandate more effectively. The DG said, *"We should not only ask for your support for WHO but, as WHO your own Organization, we should also support you"*.

Dateline 27 April 2023: In response to the DG's pronouncements, WHO/WPR took steps to recognize and institutionalize partnership with former staff members. During the WRs/CLOs Meeting held at the Regional Office, the agenda on HR Updates included an Introduction of the AFSM by the Acting Regional Director followed by a short discussion with the AFSM President.



9 October 2023. The signing of the Memorandum of Understanding between Dr Jakab WHO/WPRO, and Linda Milan, officially recognizing AFSM-WPR.

Dateline 9 October 2023: The Memorandum of Understanding (MOU) between WHO/WPRO and AFSM/WPR was signed in the presence of senior officials of the Regional Administration.

Dateline 16 October 2023: During the 74th Session of the Regional Committee for the Western Pacific held last 16–20 October 2023, the Acting Regional Director, Deputy Director General Dr Zsuzsanna Jakab included the signing of the MOU in her report to the Regional Committee. In her address, Dr Jakab said, *"Given their experience and wisdom, this MOU will serve to acknowledge and harness the potential of retirees and former staff to continue to contribute to the work of WHO and to help us achieve our collective goals."*

Dateline 16 November: Our General Reunion was held in the offices of WPRO, who generously provided the Conference room and lounge and many other facilities. It was an historic gathering too;

- The first face-to-face Reunion for 5 years.
- We celebrated the recognition of AFSM and institutionalization of the partnership between WHO and AFSM through the MOU.
- We invited DDG Dr Jakab and the Regional Administration's key officials, the President of AFICS/Philippines, and the President of the WHO Staff Association.
- It was a hybrid event to allow some of the former WPRO Staff abroad to join in the celebration.
- Dr Tedros kindly provided us with a specially recorded video message, played to the Reunion.

Our sincere thanks for their support and recognition go to the Director-General, Dr Tedros, and the Deputy Director-General (A/RD), Dr Jakab.

Linda Milan (President AFSM-WPR)

WHO Retirees' Representatives in Scandinavia: We continue to work towards the goal of establishing an AFSM for the European Region (AFSM-EUR). Following our participation in the 5th Meeting of the AFSM Global Council on 11 October 2023, our efforts will focus on drafting statutes and other founding documents. Also concentrating on developing a good working relationship with the Regional Director and the new Executive Director, collaborating with the WHO/Europe Staff Association through information sharing, and communication with the WHO/Europe HR unit. We shall also be examining the taxation of UN pensions in Denmark from a historical perspective.

At an informal meeting of 30 former WHO staff held at the UN City on 13 October 2023, those present agreed on the need for – and the added value of – a Regional AFSM, so our immediate short-term goal is to develop a three-year work plan and budget.



The lunch of former WHO/EURO staff, held at UN City, Copenhagen, on 13 October 2023.

From left to right, back row: Sharon Miller, Pedro Traver Gual, Madeleine Stougaard Svendsen, Mary Stewart Burgher, Manfred Huber, Gurli Vestergaard, Kira Mortensen, Hanne Matthiesen, Ludmila Kotchoubeeva, Franka Edwards, Susana Viegas Louro

Front row: Agnès Daneland, Claudine Westh, Patricia Søndergaard, Pamela Charlton, June von Essen, Angela Hendriksen, Odette Popkin, Bettie Liff Olsen, Wendy Enersen, Rita Larsen

Attended, but missing from photo: Natalia Olesen, Melodie Karlson

Another project we plan to undertake in the coming months is to compile information needed to design an interactive flow chart depicting the steps of the retirement process in Denmark. This road map for future retirees would address the various options offered by UNJSPF and the opportunity for WHO Staff Health Insurance coverage after separation, as well as guidance on when, where and how to register with Danish authorities and useful information on how to benefit from local Danish offers aimed at retirees.

Through the Global Council we have seen that each Region is quite unique in how its AFSM is structured, what services are offered, how the work is funded and working relations with the respective Regional Offices. We strongly support the Director-General's strategy for formalization of AFSMs at the global level and we anticipate the end result will be a more unified approach to AFSMs at the regional level.

Melodie Karlson and Sharon Miller

AFSM-SEAR: I have the pleasure of reporting – on behalf of the Association – the attendance of AFSM at the SEA Regional Committee (RC) session. Following my official request and persistent efforts, AFSM was invited to participate in the 76th session of WHO/SEA Regional Committee held in New Delhi on 30 October – 2 November.

As this was an election year for the post of Regional Director (RD), the atmosphere was electric during the first two days, with intense indirect lobbying by the candidates. The agenda of the RC was the usual generic one as this is an odd year, and included the topics of the programme budget for 2024–25, the implementation review of the 2023–24 budget, and the last Annual Report of the present RD. The most important and much anticipated item on the agenda was, no doubt, the Nomination of a new Regional Director. There was a Ministerial Round Table conference on the second day.

On the third day, the election of the RD was preceded by an Oral Presentation and Q&A session with the two candidates. The Election was then held in a private closed-door session and the results were announced after about an hour. Ms Saima Wazed of Bangladesh was declared elected as the next Regional Director.

In the subsequent plenary session, the Member Countries congratulated Ms Wazed on her nomination, and paid glowing tributes to the outgoing RD. The highlight was the speech by the DG, Dr Tedros. The fourth and final day was devoted to rapid deliberations of the remaining agenda items, with the concluding session passing the resolutions and adopting the final report of the RC.

I had the opportunity to have sideline discussions with the Director of Administration, several WHO Representatives, as well as some senior staff about AFSM and its work. I was able to have a brief chat with Dr Tedros when I voiced our gratitude for his support to AFSM. In a brief meeting with the RD-elect, Ms Saima Wazed, I offered her our full support and cooperation, and sought her patronage and support of AFSM and our work towards the interests and welfare of all former staff members and retirees.

Overall, it was a positive experience for AFSM to attend the RC and an opportunity to improve our exposure and visibility.

Previously being a member of the Secretariat, I had participated in over 15 sessions of the RC, and organized two sessions, in Sri Lanka and Indonesia. Attending this RC session as an invitee participant and representing AFSM gave me a special feeling of bonhomie, privilege, and pride! More importantly, I am happy that this gave AFSM a good image and due recognition of the importance of former staff members and their interests.

As the DG says, “*once WHO, always WHO*”, and we the former and retired staff members have much to contribute to, and to look forward from, our Organization.

M.R. Kanaga Rajan (President, AFSM-SEAR)

AFSM-Africa: AFRO Retired but Not Tired: The Association of Former WHO Staff Members in Africa has been actively engaged in supporting its members and collaborating with various stakeholders. Below is a synthesis of the key points:

For the Associations’ internal activities the Executive Committee convenes regularly, holding monthly meetings to discuss organizational matters. In addition, technical meetings are organized based on the relevance of the topics or the availability of presenters. Notably, a recent session on artificial intelligence (AI) garnered outstanding member attendance, attributed to successful mobilization efforts and interest.

The Authors' Panel holds frequent meetings to collaborate on the publication of the “Collective Book”, a valuable project documenting the experiences of our members.

The celebration of each member's birthday is a highly popular social event conducted virtually through the WhatsApp platform. The level of participation from members is considered amazing, emphasizing the sense of community within the Association.

Collaboration with the Regional Office:

- The designated focal point in the RD's office continues to play a vital role.
- Our collaboration continues to gain momentum, with the invitation of four members of the Association to participate in the WHO 75th anniversary celebrations in Botswana.
- At the technical level, collaborating with the technical units focused on Healthy Ageing could serve as a valuable approach to support retirees at the country level.
- Collaboration with WHO Representatives (WRs) at the country level is still quite informal and relies heavily on personal relationships with the WRs.
- The initial formal engagement with the AFRO Staff Association commenced during the Regional Committee meeting. The president of the Staff Association agreed to assist in promoting our Association to future retirees. However, this partnership needs further structuring and reinforcement as it still heavily relies on personal relationships.

We genuinely appreciate the establishment of the Global Council and firmly believe that all AFSMs will benefit greatly from the exchange of experiences.

Kalula Kalambay (President AFSM-AFRICA)

Custódia Mandlhate (Vice Coordinator AFSM-AFRICA)

Solange Kouo Epa (Secretary AFSM-AFRICA)

UNIAG – UNITED NATIONS INTER-AGENCY GAMES – 2023

48th UN Inter-Agency Games, held on 18–22 October 2023, Algarve, Portugal

The itinerant “UN Olympic Games” travelled this year to the south-east corner of Portugal, in the Algarve locality of Vila Real de Santo António on the river Guadiana, the natural border with western Spain. The mediterranean shores of the adjacent Monte Gordo actually hosted most of the hotel accommodation and several events.

This year's Games were organized by UNIDO, assisted by the IAG Secretariat in Vienna, which encountered numerous difficulties in fixing an appropriate venue. This postponed the event from the usual May date to October, unfortunately exposing us to stormy weather which played havoc with many of the outdoor sports.

Some 860 players and 300 supporters from over 60 agencies participated in the Games with the major player contingents being from IAEA (110) and UNESCO, UNHCR, UNIDO, WFP and WHO (45-50 each). Interestingly, OECD, OSCE, IBRD, WMU-IMO and WTO also now participate. Travel was difficult as the nearest airport, Faro, caters mainly to European tourists and many had to innovate by, for example, flying to Seville (Spain) and renting a car for the two-hour drive, or flying to Lisbon and catching a train from there.

The Games repeated the traditional offerings of everything from badminton to swimming to darts to basketball to *pétanque*, but also added the



Top left: the author, front right, in deep concentration.

Top right: The combined ITU/WHO Chess team collecting their gold award.

Left: The combined WHO/WIPO Badminton team collecting their gold award, from left to right: Prim Baert (WHO), Yurie Izawa (WHO), Nishta Budoo (WIPO), Lauriane Chagot (WHO), Dmitry Esin (WHO).

Above: The IAG flag being handed to the WHO contingent for 2024.

innovative and popular paddle tennis. As usual, most teams represented a mix of agencies, for example the gold cup in tennis being carried off by the UNOG/UNDP/ITC/WTO/UNICEF team. There was a welcome participation of women teams in athletics, football, swimming, table tennis and volleyball, as well as individuals in the mixed sports such as golf, *pétanque*, tennis and badminton.

I participated in an otherwise uniform ITU chess team, which to my great delight won the gold. An added satisfaction – *hear me, oh readers* – was that 4 members of our 5-man team were retirees! WHO participants also contributed to the gold cups in athletics and badminton, and to the bronze cup in women’s swimming.

As Coordinator for the overall chess tournament, my chores were facilitated by the fact that the tournament took place in an attractive conference room of the beach hotel where we were staying and by the support of the Algarve Chess

Association which provided all the material and a Director of Play.

The problems were mostly upstream – notably in trying to secure entry visas for “difficult” nationalities. One classic example was that 31 staff from Yemen were instructed to travel to Riyadh to apply for visas (there being no Portuguese consulate in Yemen), did so by bus, and then on return to Yemen received a blanket rejection. After repeated appeals, the immigration officials finally advised – the weekend before the Games – that all could receive visas, but they would have to travel back to Riyadh to have their passports stamped. Needless to say, none of them made it in time.

An exciting event occurred at the closing gala ceremony when the WHO delegation received the IAG flag for the organization of the Games in 2024! Stay tuned for when and where!

Derrick Deane

IN MEMORIAM

Recent deaths¹ of former WHO staff members as reported to AFSM

Alves Moreira	Apolinario	09.08.2023	Khalil	Ferial Aly	14.08.2023
Anderson	Enid A	23.07.2023	Kretowicz	Janusz	12.08.2023
Beltran-Hernandez	Fernando A	24.08.2023	Kumar	Vijay	24.08.2023
Bokoum-Edinval	Eddie L M	26.08.2023	Longmire	Candace M	27.06.2023
Copland	John S	21.04.2023	Manchanda	Virendar K	Not known
Coulibaly	Lassine	16.08.2023	Moutia	Catherine E	12.07.2023
Dukes	Maurice Nelson Graham	14.08.2023	Nguyen	C V	04.05.2023
Edstrom	Karin G B	13.09.2023	Petersen	Poul Erik	19.03.2023
El Metwalli	Omneya	31.07.2023	Pumfrey	Barbara E	03.06.2023
Ferreira	M E V	25.07.2023	Rutz	Wolfgang W D	21.04.2023
Fric	Anton	20.08.2023	Samson	Walter D	18.08.2023
Garraoui	Ali	08.07.2023	Sapra	Satish C	23.08.2023
George	Frank	14.08.2023	Schjodt	Helmuth	04.03.2023
Ginawi	Yassin A Azim	25.07.2023	Segovia	Miguel Antonio	23.07.2023
Gunaratne	K K Chandrica	12.07.2023	Tekle	Aseffa	05.07.2023
Hart	Susan Anne	30.04.2023	Tikasingh	Elisha S	31.08.2023
Hodgkins	S	23.08.2023	Tismo	Antonio Alvarado	16.09.2023
Hubbard	Harold Benson	07.08.2023	Williams	Vincent	07.07.2023
Ikhide	Monday	20.10.2022	Yattabary Thiero	Aminata	Not known

¹ The present notification of deaths was gratefully received from UNJSPF and covers Q3 2023. We have endeavoured to ensure that deaths already published have not been repeated in this list, however we apologize in advance if there are omissions or repeat entries. The editorial policy is to publish, once only, the names on the list of death notices we receive, and this regardless of whether an obituary has already been published; appears in the current issue; or will appear in a future issue.

The deaths were also announced of the survivors of former staff members: Baggott, Janice; Bailly, Madeleine; Garbino Bonomi, Jorge; Glynn, Mary Teresa; Huang, Feng Lan; Klink-Bakri, Inge Ruth Hanna; Labben, Saida; Pereira, Rosa Duarte; Pobee, Lucy Mary; Silva Garcia, Roberto; Sumbung, Titi; Urena, Thelma; Vullioud, Muguette; Watanabe, Izumi; Whalley, Joyce; Zhijie, Jiang

Alison Jane Manus, born 17 April 1956 in Yorkshire, UK, died 6 April 2023 in Geneva, Switzerland



Alison grew up and was educated in Yorkshire, and her studies included the languages she loved, French and Italian. She first joined WHO at the International Agency for Research on Cancer (IARC) in Lyon, France where she met her husband-to-be, Philippe.

I first met Alison just after

she transferred from Lyon to WHO in Geneva in 1981. We both took the bus to the office from Ferney-Voltaire and struck up an immediate friendship, having many lively and interesting conversations – often the WHO bus stop seemed to come too soon!

During her career in WHO she worked with total commitment and professionalism in various

departments, including Food Aid Programme, Global Programme on Aids, and Nutrition where, as Administrative Assistants, we had the pleasure of job sharing for over 10 years when our children were young. When she retired in 2016, she had been working with UNITAID. After retirement she and Philippe left Pays de Gex and moved to the Beaujolais region in France, quickly integrating into local life there and making many friends.

Alison was an intelligent, thoughtful and kind person with a great sense of humour. She had the ability to bring out the best in people, and I had the privilege of being her friend for over 40 years.

She died just before her 67th birthday and will be greatly missed by her family and friends; she is survived by her husband, Philippe, her daughters, Annabelle and Caroline, and five young grandchildren, as well as her mother and sister.

Rosemary Bourne

Thomas Barns, born 1919 in the United Kingdom, died 28 September 2023 in Thailand



Dr Thomas Barns passed away in September 2023 aged 104, making him quite possibly the oldest WHO retiree ever. The attached photo was taken in 2020.

Instead of the usual obituary for this venerable former staff member, we can do no better than repeat the tribute article written on

15 June 2023 by **Ravikanya Prapharsavat**, WHO NPO (Communication, Media, and Public Information) in the WHO Thailand Office, for the 75th anniversary celebrations of WHO.

Dr Thomas Barns, WHO retiree at 104: A Life of Adventure and Service

Imagine a life full of adventure and dedicated to service, where one travels around the world, works in war zones, and develops emergency systems in remote villages. That is the life of Dr Thomas Barns, an obstetrician who spent his life providing medical care to those in need, regardless of their location or circumstances. His journey took him around the world, to war zones and remote villages, where he developed emergency and outreach systems that are still used today.

Dr Barns is today 104 years old, and currently lives with his family in Bangkok, Thailand. He is arguably one of the eldest, if not THE eldest, retired WHO employee.



Behind every great doctor is a supportive family. Throughout his career and life, Dr Barns' family has provided support and has been his fallback. Dr Barns now enjoys retirement with his family in Thailand. The family were present when Dr Barns received this honour, recognizing excellence, from Dr Jos Vandelaer, WHO Representative to Thailand, presenting a *Certificate of Appreciation* on behalf of WHO's Director-General to honour Dr Barns for his remarkable contributions to his work.

Photo: © WHO 2023

Born in 1919, Dr Barns lived in a different world than the one we know today. Dr Barns graduated from Oxford, United Kingdom as a medical doctor in 1944, during the second world war, and was immediately drafted into the British Army. He married while waiting for his posting, but 3 days into their honeymoon, he received his "*Embarkations Orders*" to an unknown destination. In convoy, the troopship crossed the seas and after a couple of months reached India where he served as an anaesthetist in a frontline mobile surgical unit during the Burma campaign.

He returned to Oxford three years later to specialize in obstetrics and gynaecology, gaining experience in a junior post while researching his PhD in Pelvic Tuberculosis, which won him the Blair Bell Memorial Lecture at the RCOG London.

In 1952 he was appointed the State obstetrician and gynaecologist for Johore, Malaysia, and a personal physician to the Sultan. Here, he developed the *Flying Squad Service* to deliver emergency obstetrics services to remote locations regardless of communist insurgency.

Dr Barns' life was not without danger. At the time, there was political uncertainty in Malaysia, and the area he was working in was a red zone. It was so dangerous that convoys were burnt on the road, and only medical doctors like Dr Barns could go anywhere they needed to. He drove his specially designed jeep, with medical supplies and operating space on board, to provide emergency care wherever it was needed.

After his work in Malaysia, Dr Barns returned to England and built the first general hospital after the war, called West Cumberland Hospital, in Whitehaven, UK. He was responsible for the OBGYN with the maternity unit being the particular show-piece.

Prior to his tenure at WHO, he served as a professor for OBGYN and a Deputy Director of the Christian Medical College Institution in Vellore, India from 1966 to 1969, a time which he described it as "the most fulfilling period of his work-life".



Embarking on a journey of a lifetime: Dr Barns explores new horizons from India to the UK during November to December 1969, via the Middle East route, with his special jeep that he built from scratch. He returned to the UK after three years in Vellore, India

Photo: © WHO

He then went on to work for the World Health Organization from 1971 to 1978 in the Regional Office in New Delhi, and in the WHO Office in Sri Lanka. As a Regional Advisor for the WHO, Dr Barns implemented Maternal and Child Health (MCH) programmes throughout the region, developing



Dr Thomas Barns in 1968
Photo: © WHO

systems to adapt to the needs and beliefs of the people in each area. He trained local midwives and worked in Hindi and other languages that he learnt locally, to update their methods to ensure the best possible care for women and children. Where in 1976, he developed a system to train local midwives in the region to improve their techniques to sterilize equipment. It was one of the techniques he developed to delivering these services in many very varied environments.

Dr Barns is one of the few people still around whose career started before WHO was established. At the age of 104, the stories about his life and career provide an amazing insight into how the world and health care provision has changed over time. Throughout his career, “Health for All” has always been a driving force, even before the concept became core to WHO’s work. He is living testimony to the huge impact a single individual can have on the people he served. A remarkable man with a remarkable career combining service and adventure, Dr Barns is an inspiration to us all.

Ravikanya Prapharsavat (WHO staff member. NPO for Communication, Media, and Public Information in the WHO Thailand Office)

Felix Ahli Stanislaus Kuzoe, born 18 March 1936, in Accra, Ghana, died 17 September 2023, in Commugny, Switzerland



Dr Felix Kuzoe passed away at the age of 87 after a long illness. He is survived by his wife of 57 years, 4 children and 5 grandchildren.

After obtaining a BSc. Hons degree in Zoology in 1962 from the University of Ghana and an M.Sc. in Applied Biology and Parasitology

in 1965 from the Liverpool School of Tropical Medicine (where he met his future wife Juliana) he started his career working for the Volta River Authority.

The Akosombo Dam had just been constructed and the creation of the huge Volta Lake created major public health problems. Subsequently, he also worked in Guinea, Burkina Faso and Côte d’Ivoire. With this rich experience, he came to Geneva and joined the UNDP/WHO/World Bank Special Programme for Research and Training in Tropical Diseases (TDR) at its onset in 1974. He served as a

senior technical officer in TDR for 22 years. His work focused on African trypanosomiasis (sleeping sickness) and he made significant contributions to the development of a drug for this devastating tropical disease.

Felix was a quiet person, dedicated to his profession and held in high regard as a true gentleman by his colleagues in TDR, in the Parasitic Diseases Programme (PDP), and in the Vector Biology and Control (VBC) programme.

After his retirement in 1996, Felix carried on with consultancies for a number of years. He was a

devout Catholic and after retirement he decided to use his gift of being a good listener and took a course in Christian Counselling; in addition to his counselling work, he did life coaching as well. Felix was very athletic. His high school record in the high jump has only recently been broken. He also played lawn tennis for many years.

Felix will be sorely missed by his family, and by his many friends around the world.

Robert Bos with the Kuzoe family

John (known as Jock until 1980) S. Copland, born 21 June 1930, in the United States of America, died 21 April 2023, in Switzerland



John died just a few months before his 93rd birthday. He had a good life and more importantly he had a useful life.

Jock (as he was then known) served in the United States Marine Corps then joined the WHO Smallpox Eradication programme as administrative officer,

working closely with Donald "DA" Henderson, from 1967 until 1977.

He joined the newly created Expanded Programme on Immunization in WHO Geneva in 1977 as the programme administrator under Rafe Henderson, until his retirement in 1985. His contribution to managing the finances of EPI was outstanding:

everything was possible – except for the more outrageous proposals from some of the twelve EPI Geneva-based staff at the time.

He met the *rest-of-his-life partner* in 1985, N. Baden. They lived for many years in Rue Dancet, Geneva and during their long retirement together they stayed “plugged in” to theatre, films, opera and particularly the Schubertiade festivals in Switzerland and Austria.

John’s partner died in October 2020. John never fully recovered from this loss.

Later, he became increasingly dependent on his friends who were many and always happy to help. John opted for the Swiss EXIT programme and on 21 April 2023 he died having specified that he would be alone at the time.

James Cheyne

**Leila Mehra née Mehta, born 18 January 1928 in New Delhi, India,
died 12 September 2023, in Geneva, Switzerland**



Leila specialized in obstetrics and gynaecology and joined WHO's Family Health Division.

Leila worked in close collaboration with UNFPA, in the spirit of inter-agency collaboration, providing technical guidance to family planning programmes in

developing countries.

She was instrumental in getting international guidelines on family planning, maternal health and child spacing adopted by countries in all WHO

Regions and in ensuring that UNPFA funding for ministries of health was forthcoming in support of maternal and child health programmes.

She also worked closely with WHO's Human Reproduction Programme in creating an active linkage between research and family planning programmes at the country level.

Leila was an early advocate for women's rights and the role of women in planning national health and welfare policies.

She leaves a loving husband, and her much-loved children, grand-children, and great-grandchildren.

Manuel Carballo and Richard J Guidotti

**Clare Ellen El Shami, born 1 April 1938 in Surrey, United Kingdom,
died 12 October 2023 Geneva, Switzerland**



Clare began her career with WHO as a very young graduate, in Brazzaville, where she began as a secretary in the malaria eradication programme and quickly rose to become the chief administrative assistant for all communicable diseases.

Her work in Brazzaville soon brought her to the attention of WHO EMRO, which at that time had its offices in Alexandria, Egypt, and in the early 1960's she moved there, again working in the area of communicable diseases.

In 1969 she was recruited by the Family Health Division in WHO/HQ. As the Administrative Assistant to Dr Angèle Petros-Barvazian, she was responsible, among other things, for financial accounting with UNFPA and she would later joke about modern computing capacities and the long hours, including weekends, she spent manually entering all the data of both organizations on family planning and providing detailed charts on income and expenditures.

In her spare time Clare became a very accomplished artist, especially creating ceramics with her own kiln, and was so well known that collectors would often bring pieces that she would decorate for them. An exhibition of her work is scheduled for later this year.

Manuel Carballo and Richard J Guidotti

ART EXHIBITION IN MILAN, ITALY

Rodin e la danza (*Rodin and the dance*)

Museo delle Culture di Milano – Mudec

Milan, 15 October 2023 – 10 March 2024

The exhibition is arranged in three sections. **First section. “Dance movements”.** Rodin and dance during his time. In the last years of the 19th century, the art of dance changed profoundly through new experiences that revolutionized what had, until then, been a well-codified form of urban entertainment; it became an art form, and Paris was at the centre of this new art.

Indeed, in 1900, Paris hosted the invention of cinema by the Lumière brothers, at the Universal Exhibition, which offered a great opportunity for the art of dance to assert itself and finally make itself known to a wide audience. A new conception of dance was born, based on the combined effects of body movement with fabrics and coloured lights.

Rodin, at the height of his artistic career, devoted a series of experimental and research works to this art, which aimed to “liberate movement”, a concept which reflected on the supple vision of the human body. In the transition between the 19th and 20th centuries, between romanticism and the avant-garde, Rodin fashioned a series of small, very rare, and fragile terracotta “Dance Movements”, exhibited exceptionally at Mudec. Fifteen small terracotta statuettes are presented, they were never exhibited during the sculptor's life. Each of them represents a moment in dance which many modern dancers would still recognize today, a moment frozen in the sculpture.

Yet, each figurine has also been created to be viewed from multiple angles, an experimental study of movement made using the ultimate material for moulding – terracotta – which in places still reveals the artist's fingerprints. In a video, thanks to a morphing of images, the fifteen terracotta statues come to life and perform a dance, and with an emotive soundtrack, they envelope the visitor into a new dimension, a continuous tension between the fleetness of the dance and the capturing of the sculptural gesture.

Second section. “Far Eastern Influences”. Cambodia, Japan, and other horizons. With this totally “unstructured” approach, we discover admired performances, notably the Cambodian dancers who advance Rodin's quest for a renewed sensitivity. This forever changed the classic canon of plastic beauty followed by that of rhythm.

Third section. “Rodin and the dance of our time”. Rodin's research accompanies, even anticipates, the question of rhythm and dance. Following on from the end of the first two sections, this third and final section explores through a visual confrontation the formal and artistic links between seven masterpieces by Rodin: The Thinker, The Bronze Age, Crouching Woman, Eternal Idol, Jean de Fiennes, The Walking Man, and The Awakening with that of The Burghers of Calais.

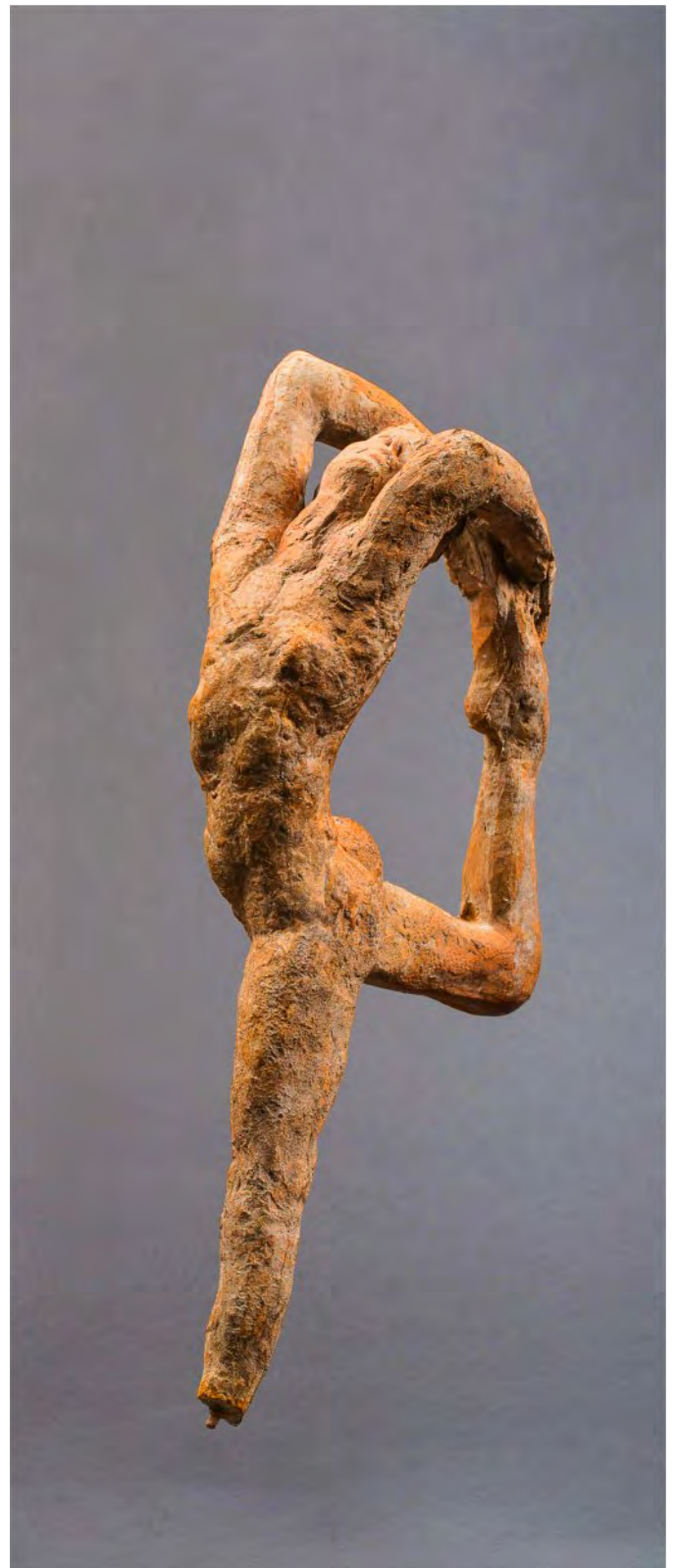
The surprising freedom of experimentation expressed in the Dance Movements shows how Rodin still holds a leading place today not only as a pivotal artist between the 19th and 20th centuries, but also between the end of one tradition and the beginning of a new vision. Likewise, Rodin's lesson today builds a spatio-temporal bridge between European culture and Asian cultures.

Laura Ciaffei

Rodin and the dance



Dance movement D with head of the Slavic Woman.
Rodin Museum, Paris

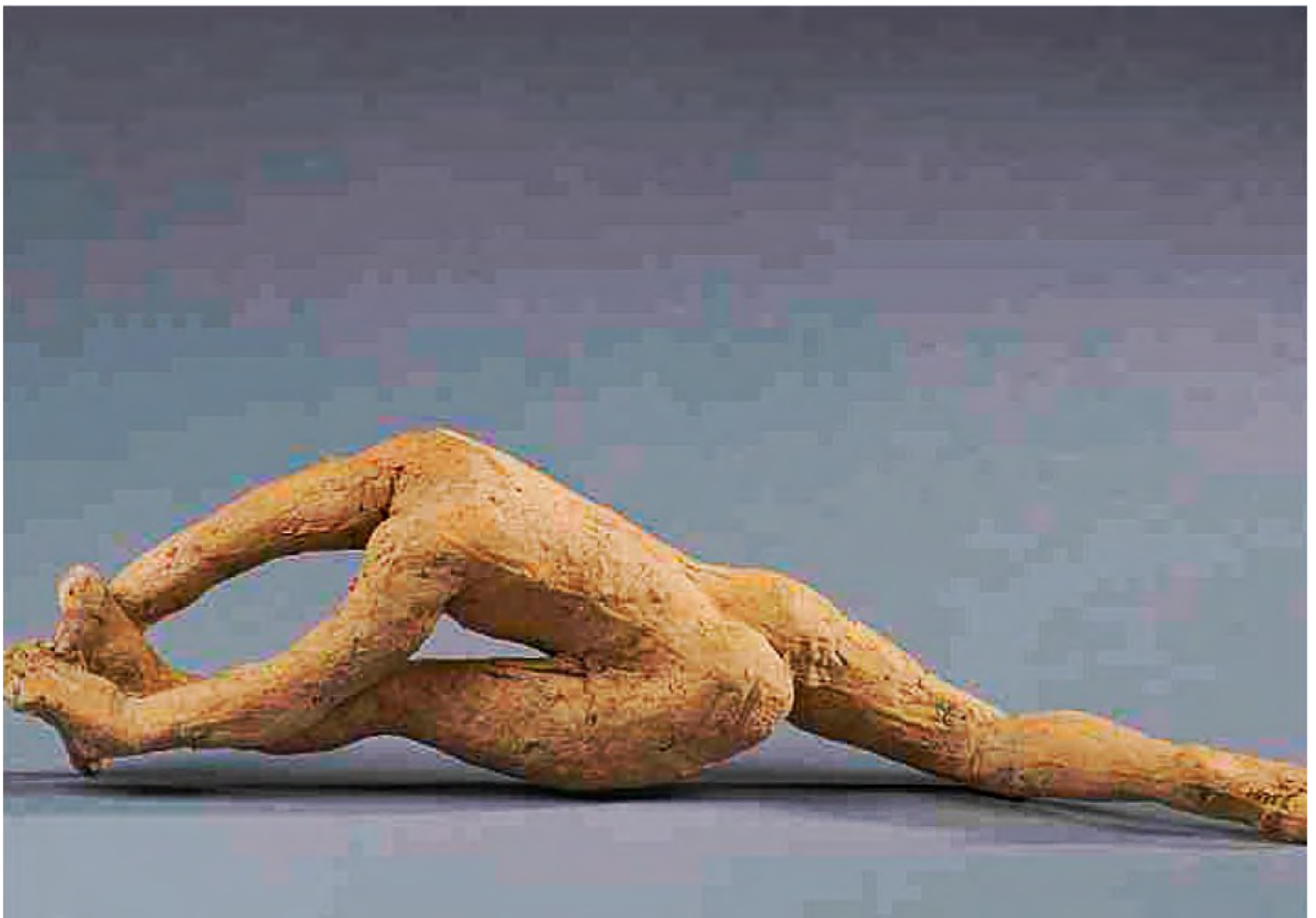


Dance movement A with head of the Slavic Woman.
Rodin Museum, Paris

Rodin and the dance



Dance movement. *Rodin Museum, Paris*



Dance movement. *Rodin Museum, Paris*

A ROYAL RECOGNITION FOR COMMITTEE MEMBER ROBERT BOS

A Royal Honour



On Friday 24 November our AFSM Executive Committee member Robert Bos was appointed **Officer in the Order of Orange-Nassau**, a decoration presented to him by the Dutch Ambassador in Switzerland Karin Mössenlechner, representing His Majesty King Willem-Alexander of the Netherlands. This Royal recognition reflects both his contributions over a 32-year career in the World Health Organization, which he completed as Coordinator, Water, Sanitation and Health in 2013, as well as his continued efforts in public health and WASH over the ten years since his retirement. These including, among others, the International Water Association and the IRC International Water and Sanitation Centre in The Hague.

Robert started his WHO career in 1981 as an Associate Professional Officer supported by the Dutch Government, first in Costa Rica, and then in the Vector Biology and Control Division at WHO HQ, under Dr Norman Gratz. In 1985 he joined as a scientist in the same Division and after the disestablishment of VBC in 1990, he moved to the Environmental Health programme under Dr Wilfried Kreisel.

In the presence of a group of people representing different periods in his career, gathered at the *Vieux Bois* restaurant of the Geneva Hotel School, many anecdotes and stories from this 40-year working life were shared. In his word of thanks, Robert expressed his gratitude for this Royal Honour, mentioned the rich network of friends he had acquired during his working life, who had been an incredible support base, and expressed the hope he would be able to continue contributing his knowledge and experience to society in the years to come.

The AFSM Executive Committee



The Dutch Ambassador in Switzerland Karin Mössenlechner, presenting Robert with his honour and medal, detail above.



Fifteen minutes of fame, including a battalion of *paparazzi*.



The happy event was shared with family, friends and many former colleagues, including Dr Maria Neira of WHO, Dr Graham Alabaster of UN-Habitat, Mr Rolf Luyendijk, formerly UNICEF and Dr Patrick Moriarty, CEO IRC International Water and Sanitation Centre.