In 1961, AFSM member Fernando Cardenal was recruited by WHO to work in what is now the Democratic Republic of the Congo. During the long rainy season roads were flooded, travel was by canoe. Typical conditions encountered are illustrated in this photo by Marc Karam. See page 28.
IMPORTANT INFORMATION

AFSM General Assembly 2021

This year, as we do every two years, we shall hold our General Assembly. It is normally scheduled for October and held in a meeting room in WHO Headquarters. But of course, this year we cannot be absolutely certain that the Covid-19 epidemic will definitely be over. We must therefore prepare for the eventuality of having to hold a virtual General Assembly, either totally virtual, for everyone involved, or partially virtual, with just the presenters in the meeting room.

We will inform you in good time.

Dilemma regarding elections to the Executive Committee

Originally scheduled for 2020, the elections had to be postponed as they became due at the peak of the epidemic. As they now coincide with the General Assembly, you will find a proposal on page 5 to extend the current Committee for one further year. Unless we hear from you by 30 April 2021, we shall assume you have no objections.

Please provide us with your email address

Obviously, we can only communicate with you easily if we have your email address. We are still not allowed to enter the Headquarters buildings; it is therefore almost impossible for us to collect any postal mail addressed to our office.

Consequently, in order to undertake any of the activities mentioned above, such as sending and receiving important information, it is important that we have the email addresses of our members.
EDITORIAL

Last February, as I prepared the April 2020 editorial, we were all quite unaware of what was about to befall us. Now, writing these lines a year later, it is almost impossible to believe that the strange times we are still living through are real.

We hope that you have stayed safe and well during the pandemic, that recovery has been rapid for those unlucky enough to have contracted Covid-19, and that those who have not yet been vaccinated will have the opportunity very soon.

The Pension Fund has launched the digital Certificate of Entitlement (DCE) as an app for use on mobile phones, and we explain in detail on page 11 how the app works. If you have downloaded the app and submitted your DCE for 2021 we would like to learn whether you found it easy, or maybe encountered difficulties. We will share any issues, anonymously of course, with the Pension Fund.

We hope that you enjoy this issue, and wish you well. Please take care.

Keith Wynn

IMPORTANT CONTACTS

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

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

Pensions (UNJSPF): Contact by e-mail is no longer possible. Visitors between 09:00 and 17:00 Monday to Friday except Thursday, at the Geneva office, Du Pont de Nemours Building, Chemin du Pavillon 2, 1218 Grand-Saconnex, at the New York office, 4th floor, 1 Dag Hammarskjöld Plaza (DHP), Corner of 48th Street and 2nd Avenue, New York, NY 10017. Write via the “Contact us” link on the Fund’s website: https://www.unjspf.org. Documents for NY by 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, 4th floor, 1 DHP, 885 Second Avenue, New York, NY 10017, USA. Documents for Geneva, address to: UNJSPF, c/o Palais des Nations, CH-1211 Geneva 10, Switzerland. Telephone: Geneva: +41 (0) 22 928 88 00 or New York: +1 212 963 6931. See also the list of Toll-Free and local numbers at https://www.unispf.org/toll-free-numbers/. In the case of non-receipt of the monthly benefit or the death of a beneficiary, visit the website: https://www.unispf.org/emergency/ for instructions.

Remember to always have your Unique ID number handy when contacting UNJSPF.
SHI - NEW RULES

Staff Health Insurance Rules for 2021

At the end of December, former WHO staff members participating in the Staff Health Insurance – and who have communicated their email address to SHI – received an emailed copy of the Staff Health Insurance Rules, effective January 2021. Also provided was a sheet highlighting the rule changes made since 2020. The Rules may also be consulted on SHI-Online.

For those of you who have not yet provided an email address to SHI you should have received a printed copy of the Rules by the time you read this.

In the January issue of Quarterly News (QNT122) we provided you with the latest information on the rules concerning reimbursement of claims related to Covid-19 tests and vaccinations.

It is important to note that if you continue to use paper envelopes to send your reimbursement requests, you are now only allowed to put 5 invoices – and in one currency – per envelope (Rule C.11.1).

SHI-ONLINE

Invitation to use SHI-Online

Those of our members who are participants in the WHO Staff Health Insurance and who have communicated their email addresses to SHI will have received a message inviting them to use SHI-Online.

SHI-Online is constantly being improved and users currently benefit from the following services:

• Online submission: a sole access point to prepare, submit and monitor the progress of your reimbursement claims;
• Advice of reimbursements and direct payments available online;
• Dental Credit and Optical Credit: the individual up-to-date total amounts available are easily accessible to you and your affiliated family members;
• Online submission of claims via an internet connection from your computer, phone, or tablet;
• Environmentally friendly: the future is paperless!

In addition, SHI organizes SHI-Online training sessions for former WHO staff. This training is done virtually, with about twenty participants.

For all technical questions, please write to shi-online@who.int. SHI will reply to you as quickly as possible.

We can but encourage you to use SHI-Online. However, we remind you that claims for reimbursement submitted in paper format will continue to be processed, although now limited to one currency and five bills per envelope.
Your Committee’s activities during the Covid-19 pandemic (episode four)

On 9 March we held our twelfth virtual monthly Executive Committee meeting. A whole year of only seeing each other’s faces on a computer or cell phone screen. We are no longer making any guesses as to when we might get out of this Covid tunnel, but this year is looking all too similar to the last one.

A major concern for our members is getting vaccinated. Will retirees who are not nationals of their country of residence receive the same treatment as nationals of the same age? The Association is doing whatever it can, in collaboration with the Staff Health Insurance (SHI) and Staff Health and Welfare (SHW) departments to ensure this happens, and keep our members informed. Despite their own vaccine supply problems, wealthier industrialized countries are clearly in a more favourable position than, for example, many countries in Africa or Latin America. The Federation of Associations of International Civil Servants (FAFICS) has called on the UN Secretary-General to draw the attention of Member States to the presence and needs of United Nations retirees.

We have sent out many information messages to those members for whom we have an email address. We cannot repeat often enough that they are the only ones with whom we can easily communicate. Access to our office in WHO is extremely difficult, as is the collection of your postal mail. We remain unable to receive or respond to any voicemail messages you may leave us on our answering machine.

Nevertheless, we must look beyond our immediate concerns and think about the future. In view of the Covid-19 pandemic, your 2018–2020 Executive Committee was exceptionally renewed for one year until October 2021. Elections are therefore due. However, this coincides with a General Assembly. The AFSM Statutes state that elections are held in alternate years to the Assembly, in order to avoid a double workload. Holding the elections this year with a normal two-year mandate, would lead to a recurrent problem.

As the pandemic continues, we propose exceptionally to renew the current Committee for one further year until October 2022 – this is the simplest solution and would bring the elections back on track in alternate years. Unless we hear from members to the contrary by 30 April 2021, we shall assume you have no objections to this proposal. New candidatures for Committee membership are actively encouraged. Up to four members can be co-opted. If any members are interested, please get in touch.

We have also completed the 2021 update of our Membership Directory which you will receive as soon as the WHO Printing and Distribution services can handle it. The constant and generous support of these services has enabled you to continue to receive the Quarterly News in your mailbox and we cannot thank them enough.

As you know from reading our News from around the World section, we attach a great deal of importance to our links with the associations and representatives of former WHO staff around the world. In the next issue, we hope to be able to share with you some new initiatives to strengthen these links.

Finally, as we go to press, we have learned that the WHO website (https://www.who.int) is about to be completely reorganized and that this reorganization is likely to affect the content and access to our site. For the time being, you can still access the English version at the following address:
https://www.who.int/formerstaff/en/

The AFSM Executive Committee and the Editorial Board of the Quarterly News
Highlights of news from WHO

Executive Board, 148th Session, 18–26 January

Once again the Board was held virtually, with only a handful of secretariat in the Executive Board room, under the remote chairmanship of Dr Harsch Vardhan, Minister of Health and Family Welfare of India. The Board, nonetheless, had a full agenda and met for seven hours daily.

 Needless to say, a large part of the discussions focused on the Covid-19 pandemic. In his opening speech (WHO Director-General’s remarks at the 148th session of the Executive Board), Dr Tedros warned that, because of unequal Covid vaccine policies, the world was on the brink of a catastrophic moral failure – and the price of this failure would be paid with lives and livelihoods in the world’s poorest countries. He called for full commitment to the global vaccine-sharing scheme COVAX which was due to start rolling out in February, and called on all countries to work together in solidarity to ensure that within the first 100 days of 2021, vaccination of health workers and older people would be underway in all countries. The report of the Director-General to the Board can be found through this link – Report by the Director-General.

The Board received interim reports from the Review Committee on the Functioning of the International Health Regulations (2005) during the Covid-19 Response, and from the Independent Panel on Pandemic Preparedness and Response, and called for the development of a resolution for consideration by the 74th World Health Assembly in May 2021 on strengthening WHO’s emergency preparedness and response capacities, including to address the recommendations of the Independent Panel, the Review Committee and the Independent Oversight Advisory Committee for the WHO Health Emergencies Programme.

21 January was a good day for WHO and for the global health family. The United States delegation represented by Dr Anthony Fauci, who had got up at 3 am (GMT -5) to announce to the Board when it started at 10 am (GMT +1) that the new Administration of President Joe Biden would halt the process of withdrawing the USA from WHO and that the country would remain a Member State.

The Board’s agenda covered issues within the “triple billion” targets, including oral health, social determinants of health, patient safety, diabetes, noncommunicable diseases, disability, HIV, hepatitis and sexually transmitted infections, eye care, antimicrobial resistance, immunization, medical devices, substandard and falsified medical products, local production, health innovation and intellectual property.

In his closing remarks, the DG emphasized that “Vaccine nationalism might serve short-term political goals. But it’s in every nation’s own interests to support vaccine equity.”

The 149th session of the Board is due to be held on 2 June 2021, following the 74th World Health Assembly scheduled for 24 May–1 June.
A selection of other news

- On 14 December, the UN General Assembly declared 2021–2030 the Decade of Healthy Ageing, and called upon WHO to lead the implementation of the Decade. WHO has begun open online training on protecting elderly people from Covid-19 by applying adequate measures in long-term care facilities. In light of the significant toll that Covid-19 has taken on older people, and to increase the quality of care they receive, WHO will be studying the organization and financing of long-term care systems.

- 2021 is the International Year of Health and Care Workers: in appreciation and gratitude for their unwavering dedication in the fight against Covid-19, the DG and Regional Directors decided to make 2021 the Year of the WHO Workforce: Building a More Respectful Working Environment.

- The construction of the new building at HQ was completed in December 2020 and all catering services were transferred there as from 11 January, the day on which the new restaurant opened for those working on the premises: the former restaurant (behind the Executive Board room) and the coffee bar (beside the WHO bookshop) have been closed. Staff will move to the new building during the first half of 2021. The new building has not yet been inaugurated but, in order to prepare for the moves and the closure of the main building for renovation, staff whose offices are in the main building have been asked to reduce the amount of paper and files kept in their offices and storage places. The target date to start renovation of the main building is April 2021 and work is due to last until end 2024.

- 2020 statistics showed that the WHO website received 1.4 billion visitors that year with 2.3 billion page views. This was an increase over 2019 by 700% and 600% respectively. Unsurprisingly, Covid-19 was the most viewed topic, followed by vaccines, Ebola virus, emergencies and mental health. 85% of visitors came from Google search, followed by YouTube, Google paid search and Facebook. There were over 300 million sessions for the Americas, Asia and Europe, and almost 100 million for Africa with ⅝ of people viewing on mobile phones and ⅝ on desktop computers.
• On 12 January, UNICEF, WHO, the International Federation of Red Cross and Red Crescent Societies (IFRC) and Médecins Sans Frontières announced the establishment of a global Ebola vaccine stockpile.

• On 29 January, WHO published a new Essential Diagnostics List and urged countries to prioritize investments in testing.

• To coincide with the second World Neglected Tropical Disease Day on 30 January, WHO issued a new 10-year plan to end suffering from neglected tropical diseases. It proposes ambitious targets and innovative approaches to tackle 20 diseases which affect more than a billion, mainly poor, people.

WHO has published a 10-year plan to end suffering from neglected tropical diseases. 28 January 2021, News release. Photo: Nepal Netra Jyoti Sangh. Trachoma Trichiasis (TT) Survey in Gorkha, Nepal

• 30 January is World Leprosy Day. The WHO Goodwill Ambassador for Leprosy Elimination, Yohei Sasakawa, emphasized that leprosy continues to require attention as there are still some 200 000 new cases diagnosed worldwide each year.

• End January, WHO reported that the COVAX Facility was on track to deliver at least 2 billion Covid-19 doses by the end of 2021, including at least 1.3 billion doses to 92 lower income countries. COVAX announced on 22 January that an advance purchase agreement had been signed for up to 40 million doses of the Pfizer-BioNTech Covid-19 vaccine. Additionally, COVAX announced that, pending WHO emergency use listings which were subsequently given, nearly 150 million doses of the AstraZeneca/Oxford vaccine are anticipated to be available in the first quarter of 2021, via existing agreements with the Serum Institute of India and AstraZeneca-SK Bioscience. On 24 February, Ghana became the first country outside India to receive Covid-19 vaccine doses shipped via the COVAX Facility, and Côte d'Ivoire became the second country two days later. Vaccination campaigns began in both countries on 1 March, the day on which Colombia became the first country in the Americas to receive the vaccine through COVAX.

• On 1 February, FIFA (International Federation of Association Football) teamed up with WHO to promote the need for fair access to Covid-19 vaccines, treatments and diagnostics, and to encourage people to keep practising life-saving, everyday public health measures to prevent the spread of the coronavirus and to protect health. In conjunction with the FIFA Club World Cup 2020, being held in Qatar from 4–11 February 2021, FIFA and WHO launched a public awareness campaign involving star footballers to further promote the Access to Covid-19 Tools (ACT) Accelerator initiative, and to urge people to practice mask wearing, physical distancing and hand hygiene.

• Michael Bloomberg, former mayor of New York City, will continue for a third term as WHO Global Ambassador for Noncommunicable Diseases (NCDs) and Injuries. He will continue to raise awareness about the link between Covid-19 and NCDs, advocate for investment in measures to tackle NCDs and injuries, mobilize cities for better health, and support the use of health data to drive programmes and policies.

• 4 February is World Cancer Day. The cancer burden continues to grow and currently one in 5 people worldwide develop cancer during their lifetime, and one in 8 men and one in 11 women die from the disease. Breast cancer is now the most commonly occurring cancer worldwide (11.7% of new cases), followed by lung cancer (11.4%), colorectal cancer (10.0%) and prostate cancer (7.3%).

• WHO Guidelines for malaria, launched on 16 February, bring together the Organization’s most up-to-date recommendations for malaria in one user-friendly and easy-to-navigate online platform. They are designed to support malaria-affected countries in their efforts to reduce and, ultimately, eliminate a disease that continues to claim more
than 400,000 lives each year. El Salvador was certified by WHO as malaria-free on 25 February, the first Central American country to achieve this status. It is the third country in recent years in the WHO Region of the Americas, following Argentina in 2019 and Paraguay in 2018. Seven countries in the region were certified during 1962–1973. Globally, a total of 38 countries and territories have reached this milestone.

- From mid-February, WHO has stepped up efforts to curb the Ebola outbreaks in Guinea and the Democratic Republic of the Congo, supporting the national authorities with surveillance, contact tracing, testing and treatment, as well as preparing for vaccination.
- World Hearing Day 2021, celebrated on 3 March, and the World Report on Hearing present a global call for action to address hearing loss and diseases of the ear across the life course. Globally, over 430 million people experience disabling hearing loss and this number could grow to nearly 700 million by 2050.
- The theme for World Health Day 2021 is health inequality: the DG has challenged Member States to ensure that by 7 April Covid-19 vaccines are being administered in every country. WHO has launched a campaign for vaccine equity and individuals are invited to sign a declaration. We hope you received our email inviting you sign – in case not, the link is given here: Vaccine Equity Declaration.

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

Sue Block Tyrrell

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- Breaking News
  Dr Tedros voted African of the Year 2020
  The African Leadership Magazine “Persons of the Year Awards” committee has announced Dr Tedros as the African of the year 2020.
Annual FAFICS Council meetings are normally held in July and immediately precede the Pension Board meetings, held in the same city. Due to the pandemic, the Board met virtually from 16–24 July, 2020 (see article by Barbara Fontaine in our January 2021 issue of Quarterly News) but FAFICS had cancelled its own meeting. After much hesitation, and under pressure from some associations including AFICS (Geneva), FAFICS finally agreed to hold a virtual meeting of its Council, with a simplified agenda from 7–9 December.

Despite apprehensions that association representatives might be unfamiliar with virtual meeting technology, the meeting went very well. Depending on the day, from 31 to 36 national associations were present on the web with around 95 participants every day. AFSM is not a member of FAFICS, but two of its representatives (Barbara Fontaine and Jean-Paul Menu) were part of the AFICS (Geneva) delegation.

The purpose of this short article is not to report in detail the discussions of the meeting, but simply to highlight the points most relevant to our members.

**Representation of retirees in the Pension Board**

Traditionally, the relationship between FAFICS, the Pension Board, and the Pension Fund is extensively debated, but this year it was the uncertain future of FAFICS representation on the Board that was at the centre of the discussions.

Pensioners have always been represented on the Board as observers, without the right to vote, alongside the three groups of full members: Member States, Organizations, and participants. The representatives of retirees, six in total (four members and two alternates) are appointed by FAFICS.

In recent years, the functioning of the Pension Board has been called into question. In our January 2021 issue, we informed you that a report by an external consulting firm, Mosaic, had been commissioned to review the governance of the Board and make recommendations to the United Nations General Assembly (UNGA). One of its recommendations is to considerably reduce the total number of members of the Board, and in particular the number of representatives of retirees. Furthermore, it is suggested that our representatives be elected directly by the retirees and no longer be appointed by FAFICS. The latter of course criticized the Mosaic report and asked its representatives on the Board to recommend the status quo pending the outcome of the discussions at the UNGA.

**The future of the Geneva Office of the Pension Fund**

The delegation of AFICS (Geneva) regretted that FAFICS had not supported its protests against the decision to transfer certain posts and functions of the Geneva office to New York. About half of the total number of retirees are served by Geneva and this transfer is perceived as threatening the quality of the services to which they feel entitled. In the absence of such support, AFICS had voiced its serious concerns directly to Ms McClean, the Chief Executive of Pension Administration. The President of FAFICS expressed his disagreement with this approach because, in his view, contacts with the Fund should have been made through the Federation.

**Presentation by the senior officials of the Pension Fund**

As is usual at meetings of the Council, the representatives of the associations heard presentations by the the Chief Executive of Pension Administration, Ms McClean, the Representative of the UN Secretary-General for Investments, Mr Pedro Guazo, and the Secretary of the Pension
Board, Mr Jan De Preter. There have been no significant changes since the Pension Board meeting in July 2020 and for more information we refer you to the article by Barbara Fontaine in our January issue mentioned earlier.

Vaccination of United Nations retirees against Covid-19

The Council meeting was held just as several vaccines against Covid-19 were about to become available. Given the limited number of vaccine doses available initially and the fact that many retirees are not nationals of their country of residence, some delegations expressed concern that governments would give priority to their nationals and exclude other retirees. The FAFICS President was therefore requested to write to the UN Secretary-General, requesting him to draw the attention of governments to this point.

FAFICS Bureau Elections

The Council proceeded to the election of the members of the Bureau. The President, Marco Breschi (Rome), the Treasurer Wolfgang Mislow (Geneva) and the Secretary Pierre Sayour (Geneva) were elected as the only candidates. Seven candidates applied for the five Vice-President positions. The elected were: Makana Faye (Senegal), Deborah Landey (New York), Odette Foudral (Geneva), Carlos Santos-Tejada (Panama) and Werner Blenk (Vienna).

Jean-Paul Menu

Digital Certificate of Entitlement

A recent communication from the Pension Fund (UNJSPF) informed us that the digital Certificate of Entitlement (DCE) is now available for all retirees to use in lieu of the paper Certificate of Entitlement. Curious to know more, I visited the UNJSPF website and discovered how to avail myself of the DCE, available in both French and English. I learned that one needs a recent device, smartphone or tablet, either an Android, version 7.0, or an Apple, iOS 11, in order to use the DCE. First step is to download the app. The Android version is found at the Google Play Store as “UNJSPF Digital Certificate of Entitlement” and for iOS - iPhone or iPad – at the Apple App Store as “UNJSPF Digital CE”. I then wondered if it would be possible to juggle between devices, say iPhone and iPad, only to discover that the DCE process is restricted to one device and cannot be accessed on another device. Furthermore, there appears to be an issue with using an iPad, since confirmed by several users, and reported to the Pension Fund. Once the app is downloaded, then the enrolment process can start. The first stage is to obtain an Invitation Code via the app. This requires knowing one’s UNJSPF Unique Identification Number (UID). The Code, sent by email, when entered then unlocks the app and one can progress to “get started” which involves a sequence of steps.

- Step 1 is to create a security code for future logins (with a mental note to remember the code, or better yet, note it down for easy retrieval).
- Step 2 involves keying in one’s beneficiary information.
- Step 3 is to have ready your government-issued identification card (e.g., passport, ID card, government-issued residency permit, or driver’s licence).
- Step 4 is to scan it with the app, as following the instructions on the screen.
- Step 5 involves creating your biometric ID, and, again, one is guided by the screen instructions. The app, giving specific directives, will take a few photos of your face. Here we are advised that it is better not to wear glasses, masks or a hat when creating the biometric ID. When you are satisfied that the photo meets the specifications, then click to send.
The photo must be validated by the UNJSPF, which entails setting up a video call appointment via the app. During the call, via the app, the UNJSPF representative will request to see the ID card used in the sign-up process in order to confirm your identity and to validate the profile. Then you are set-up to provide the digital CE. Being a smart app, it will inform you when it is time to submit the DCE.

The deadline to enrol and submit the 2021 DCE is 31 December 2021. However, if one has not enrolled and submitted the DCE by 22 June 2021, then the Fund will automatically send out the paper CE and, as well, it will be available in the MSS section for those on the dollar track. After 22 June, you then have two options: to either (i) submit the paper-based version of the 2021 CE form or, (ii) disregard the paper CE and proceed to submit your Digital 2021 CE via the app, by 31 December 2021.

The sign-up process is well explained and does not seem complicated (see the Step-by-Step Guide at https://www.unjspf.org/wp-content/uploads/2021/01/Digital-CE-tutorial-English-Jan27-Updated.pdf, and there is ample time to enrol. However, after reading the relevant material on the website, I came away with several questions.

1. What happens when I upgrade to a newer model?
2. What happens if my face changes due to, e.g., weight loss or gain?
3. Could a hacker access my info?
4. Can I go back to paper filing?

I found some of the answers here https://www.unjspf.org/digital-certificate-of-entitlement-faq/ These include:

1. A new device entails re-enrolling from A to Z.
2. The app updates annually the facial recognition element and thus captures any physiognomy changes.
3. Personal information is stored on the device, not at the UNJSPF website, implying little risk.
4. The answer is nebulous. If one has enrolled but not submitted the DCE, then using the paper CE is possible. However, if one has sent the 2021 DCE, there is no indication whether reverting to the paper form would be possible in 2022.

A recent article in the Unltoday entitled “The UN Pension Fund Adopts Facial Recognition Technology: Key questions” (see https://unltoday.org/pension-fund-adopts-facial-recognition/) raises other points to consider. One is the accuracy of electronic facial recognition and what would happen if there is misidentification. Another is security risks given that hacking electronic systems is common. The UN Pension System underwent a cyberattack, albeit unsuccessful, in 2019 and so did Clearwater AI, a company involved in collecting photos to create facial recognition technology. The third point raised in the article is efficiency, given the costs of putting in place the new system and the high energy requirements of blockchain technology. Here the writer wonders if it would have been more efficient to simply up-load CEs for access through the MSS. And the last point raised is the freedom to choose between the electronic and paper versions for new retirees since the various messages emanating from the Fund inform that all new retirees will use the DCE. However, no indication is given that the paper version will be an option for this group.

In the end, those retirees who are keen to utilise the latest technological advances to organise and facilitate their lives will appreciate the digital CE. Whereas others may prefer to continue submitting the paper CE for whatever reason. The choice is yours, except, apparently, for new retirees.

**Barbara Fontaine**
It is nice weather
Even very nice weather!

It is cold
Even very cold!

The luminous rays
Of a seasonal meagre sun
Spread out generously on the frozen river
And infectiously invite
Those happy and daring enough
To have a great time
On the Outaouais river

Under a father’s amused watchful eye
With dog on lead
The little lad of five or six years old
Who is fidgeting nervously
Meanly escapes
From the protective hands of his mother
And glides with confidence
Precariously balanced
To compete skilfully with his older brother

In the middle of the over-excited skaters
The keen sail skier
Takes off light as a feather in the clear sky
Giving an exhilarated shout
Above the improvised ice hockey players
So unimpressed
By the air display
They are getting to grips with the game
As it pleases them

Free from confinement and unmasked
The greedy pleasure seekers
Reassembled by separated families
Take advantage at a respectable distance
Of these fragile moments
Of this beautiful year-end day
Of rare happiness
Which has become forbidden

A subtle outlet
For a deadly year

Reassured
I adjust my crampons
You can never be too careful
With cultural appropriateness!

With my body tense
My mind alert
I launch myself masterfully
A tight step
One after the other
And gain control as I go along
At the rhythm of a tortoise
Such is my movement
On the surface of the frozen water
In memory of Jesus Christ of Nazareth

The season thus lends itself!

The considerable weight
Of my slightly bent body
Forces in rhythmic agony
A tormented cry from this giant skating rink
Which crackles like a broken mirror
But never gives an inch

The impertinent breeze
Of the glacial wind
Cheekily attacks
The uncovered parts
Of my ravaged face
The nostalgic song of the tropics blows in the distance
To celebrate the charm of the newly born winter

On the way back
The moon in all its lifeless splendour
Caresses sensually
The peaks of the “allumettières”
Standing to attention
For eternity
In the surviving park of the Boucher Forest

The sublime rejoices!
And mows down reality
I am from elsewhere and belong here
My soul at peace
Ready for the long walk under the stars.

* Translation from the original French by Sue Block Tyrrell
READERS’ RECIPES

Rhubarb Charlotte (serves 6 to 8)

1 kg of rhubarb
250 gr caster sugar
10 gelatine leaves (optional)
1 large rectangular brioche, slightly stale
300 gr of liquid sour cream (crème fraîche)
1 sachet of vanilla sugar
1 Charlotte mould 17 cm in diameter
20 gr butter

For the coulis
500 gr strawberries
1 teaspoon of lemon juice
+/- 250 gr of caster sugar
Put aside a few strawberries for decoration

This recipe is prepared the day before. Peel the rhubarb, cut off the ends of the stems and remove the filaments. Cut the stems into small pieces and put them in a saucepan with the caster sugar. Cover, increase the heat, stir with a wooden spoon for 10 minutes to evaporate the excess water from the rhubarb.

Pour the sour cream (crème fraîche) into a bowl and keep well chilled. Soak the gelatine leaves in cold water to soften them, drain them and mix them with the still fairly hot rhubarb compote to dissolve them. Let the mixture cool well.

Butter a Charlotte mould, cut the brioche into thin slices, toast them. Whip the sour cream, add the vanilla sugar and mix with the cold rhubarb compote. Line the bottom of the mould and the sides with the brioche slices, overlapping the edges by about a centimetre. Fill with the creamy rhubarb compote. Cover with the brioche slices. Put a weighted plate on the top and place in the refrigerator.

The next day, wash and then hull the strawberries. Cut the larger ones into pieces and put them in the blender bowl. Add the lemon juice, the sugar and mix. Pass the coulis obtained through a sieve to remove most of the seeds. Turn the Charlotte out onto the serving dish after having momentarily dipped the mould into very hot water. Drizzle with the strawberry coulis, and decorate with fresh strawberries. Serve immediately.

Michèle Evans

NEW MEMBERS

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

New Life Members

Lorraine Burton
Elizabeth Chapin
Peter Ghys
Roberto Kuroiwa
Derek Yach

Conversion to Life Member

New Annual Members

Nadia Popovic (Slimani)
COVID-19 HUMOUR

Gran, what’s the simple past tense?
You’d be better off preparing for a complicated future.

FREE HAMMOCKS, all over town. It’s like a miracle

“Hey! The experts are saying it’s safe to go out again”
NEWS FROM FORMER WHO STAFF MEMBERS’ GROUPS AROUND THE WORLD

News from around the world

AFSM-PAHO/AMRO: The Newsletter of December 2020 has been published, and devotes many of its pages to the 30th anniversary of AFSM PAHO/WHO.

The editorial by AFSM President Gloria Coe recalls the pilot issue of the Newsletter published in September 1990, and retraces many of the highlights of the Association and the outstanding work of the Board members over the years.

Following the editorial, Marilyn Rice and Enrique Fefer provide a summary of the virtual Annual General Meeting held via Zoom on the 9th of December which attracted over 100 participants. PAHO’s Deputy Director addressed the group by providing a historical perspective on PAHO’s accomplishments since 1990, and former President Nancy Berinstein presented the 30-year history of the AFSM and expressed the hope that the next International Reunion would take place post-Covid in Costa Rica. Two serving Unit Chiefs from PAHO were invited to address the meeting on subjects of interest to members, namely an overview of the UN Decade for Healthy Ageing 2020–2030, and the situation of Covid-19 in the Americas and PAHO’s response.

The Newsletter continues with an article entitled A brief History of PAHO/WHO AFSM, written by Nancy Berinstein and includes material by the late Jean Sturgi, who was a member of the first Coordinating Committee in 1990 and who died in 2017.

Celebrating the 30th AFSM Anniversary, Hortensia Saginor, a long-time member of the AFSM having joined in 1994, has written an interesting account of some of the highlights of the Association.

This is followed by an article on The First (AFSM) International Reunion, which was held in Washington in 2002. Prepared by José R. Teruel and Hortensia Saginor, this recounts the common history of AFSM with PAHO. In 2002 PAHO commemorated its centenary and Sir George Alleyne organized a ceremony in Washington, so, on the same occasion AFSM invited its members to their First International Reunion.

In her article Reflections on life with PAHO, Sumedha Mona Khanna (former PAHO staff member from 1968 to 1983) considers what PAHO meant to its staff, why they still want to stay connected with it, and how their AFSM helps them achieve this. An article which will also ring true for many of our readers and their loyalty to WHO, Sumedha sums up her experience with the words “I feel that we will be known not by how hard we worked or what we achieved, but how well we loved what we did…” Well worth reading, (see the link below).

The AFSM Colombia Chapter, founded in 2006, recall their own history in an article by Helena E. Restrepo, Martha Ligia Fajardo and Gustavo Mora P. This was followed by a number of testimonials by other AFSM members.

Carol Collado has prepared the regular Health Insurance and Pension Update with current news, takes a look back over the last 30 years, and shares with readers the support the Association had been able to provide in some difficult SHI and UNJSPF cases.

Antonio Hernández concludes this historical issue with his article: AFSM – Thirty Years of Communicating with its Members.

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

Keith Wynn
**AFSM-SEAR:** The most recent edition of *Aesculapian* (September–December 2020) wished season’s greetings to the members, and celebrated the arrival of a Covid vaccine but reiterated the importance of continuing preventive measures, recalling other useful information from previous issues.

The edition leads with a report of the 73rd Session of the Regional Committee for SEAR, which was held as a virtual session from Thailand in September. The Regional Committee reviewed the Regional Director’s report for 2019, and the progress made on the RD’s Priority Programme. A Ministerial round-table adopted a Declaration on a collective response to Covid-19.

Next, a report on the appointment, as from July 2020, of Dr Roderico H. Ofrin as the new WHO Representative to India. Born in 1968 in the Philippines, Dr Ofrin holds a Doctor of Medicine degree from the University of the Philippines; and a Master’s in Public Health from the Hebrew University Hadassah, Israel.

The results of the elections for the Executive Committee of the AFSM-SEAR for 2021–2022 were published. The new President, Mr M. R. Kanaga Rajan, was elected unopposed. The other members of the Committee are Ms Anil Bansal; R. L. Bhalla; R. L. Dhawan; S. S. Easwar; Sudhansu Malhotra; V. J. Mathew; Ashok Mitra; Ms HBK Pandey; Ram Dular and J. Tuli. The article summarises achieved activities, and mentions planned activities which did not take place, by the outgoing EC during its two-year term.

News from UNJSPF and News from SHI: the detailed AFSM-SEAR reports cover much of what was later reported in the January Quarterly News of AFSM/HQ, so will not be repeated here.

The editor completed the issue with a list of countries in the SEAR celebrating their National Days during September to December, and this was followed by birthday greetings to a long list of AFSM members who had their birthdays in the same period.

The continued support of the Administration is gratefully acknowledged.

*Ashok Mitra*

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**AFSM-Manila:** The Association’s Facebook page brought its members up-to-date on the Pension Fund’s recent introduction of the option to complete the annual Certificate of Entitlement (CE) by providing annual “proof of life” in biometric format, through the Digital Certificate of Entitlement (DCE) via a mobile phone app.

Continuing with Pensions, the page informed members of the announcement by the Philippine Statistics Authority (PSA) that the inflation rate for December 2020 was 3.5% while the year 2020 average was 2.625%. Those on a two-track pension payment adjustment system can expect a 3.5% CPI Adjustment or COLA effective April 2021. For those on the USD track pension payment adjustment system there will not be any CPI or COLA, as the USA inflation rate for December 2020 was only 1.4% (well below the required threshold of 2%), with the year 2020 average of 1.2% only as announced by the US Bureau of Labor Statistics (BLS) on 13 January 2021.

The UN operational Exchange Rate for December 2020 of the Philippine peso was 48.072 PHP to the USD. This rate will be applied from the 1st quarter of 2021 when converting the local currency pension to USD.

*Romy Murillo*
AFSM-Africa: AFRO Retired but not tired: Following six years of informal gatherings, the Association of former WHO AFRO staff known as "AFRO Retired but not Tired" has finally created its Executive Committee of AFSM-AFRICA, comprising seven members and with five advisors. Kalula Kalambay is the coordinator.

The gestation has been long, but finally the new-born has arrived. The process has been accelerated because of the upsetting situation of the Covid-19 pandemic, which has reinforced the need and the requirement to be alert and aware, to reflect together, exchange information from our respective countries and propose opportunities for action, whenever possible.

The objective is to come together for mutual support, to re-form friendships and solidarity among former colleagues and to remain informed on technical issues, both global and those that are specific to the continent, and matters which concern everyone as human beings.

Over 130 people are part of the WhatsApp platform, some of whom are still active staff members. This last category is an acknowledgement that we must prepare for the next generation.

During 2020, five virtual meetings were organized on topics of common interest, both public health issues and also on the beauty of life. Colleagues were encouraged to share their experience in other fields, such as painting, writing or other life experience, in order to give back to the community through mentoring, coaching, public speaking. In this vein, one colleague who is passionate about orchids, has given a beautiful presentation, thus paying tribute to our mother nature.

As for social activities, celebrated virtually, there is the offering of birthday greetings and the element of accompaniment and tribute to colleagues who have passed on. A book of condolences and messages of kind remembrance is compiled and sent to the family of the respected, deceased colleague.

Steps have also been taken to establish a formal association with the management of the Regional Office for Africa, and the AFRO Staff Association (ASOSTAFF). The Executive Committee of AFSM-AFRICA would like to take this opportunity to thank JP Menu and his entire team at AFSM-HQ for their moral support during this long process of formalizing the Association. It is hoped to hold during this year our first General Assembly in order to formalize the adoption of statutes, and to ratify the establishment of an Executive Committee.

Solange Kouo Epa (Secretary)
Kalula Kalambay (Coordinator)

The WHO Retirees’ Representative in Scandinavia and our colleagues in EURO have no major news items to report as we go to press.

Our colleagues in the Eastern Mediterranean AFSM have no major news items to report as we go to press.
### IN MEMORIAM

**Recent deaths** of former WHO staff members as reported to AFSM

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<tr>
<th>Name</th>
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<td>Weelen Peter Paulus Jozef</td>
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The deaths were also announced of the survivors of former staff members: Agnihotri, Kaushalya; Arora, Sudarshan; Bohdalova, Vera; Bressani, Alicia; Chaw, Koon Ying; Chen Liu, Shun-Hwa; Courtois, Cecile; Cunzhong, Zhang; Deluermoz, Gisele; Dobrzynska, Helena; Garcia, Carmen; Kakoropa, Kianako; Kau, Miliakere Kasaka; Lyonnet, Marie Maud; Manceau, Maria Lucia; Mendoza, Isabel De Jesus; Mossuz, Henri Georges; Mousseron, Helene; Mursi, Leila; Nsakananou, Honorine; Ozorio, Mary Louise; Paik, Grace Sook Hee; Pardo Legrand Vda De Tejada, Ines; Pettengill, Edit; Piot, Inger Maria Sunniva; Renjifo, Emma; Riolacci, Louise; Rocha, Onofrina; Shousha, Marie Helene Christiane; So-udorn, Mukda; Traub, Denise

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1 The present notification of deaths was gratefully received from UNJSPF and covers Q4 2020. We have endeavoured to ensure that deaths already published have not been repeated in this list, however we apologize in advance if there are omissions or repeat entries. The editorial policy is to publish, once only, the names on the list of death notices we receive, and this regardless of whether an obituary has already been published; appears in the current issue; or will appear in a future issue.
Pieter de Raadt, born 31 May 1933 in Rotterdam, died 11 November 2020 in Baarn, in The Netherlands

Even as a medical student, Pieter de Raadt was motivated to apply his knowledge to those in greatest need of health care, the peoples of the African continent. Immediately after graduating he found himself a position as assistant to a French MD in a small hospital in Morocco. Next, the young and growing de Raadt family (they would go on to have four sons) left for Uganda, on the off-chance. There he worked as a local doctor (on a local salary) for four years and it was his experience with sleeping sickness in Uganda that brought him to WHO Geneva.

For most of his WHO career Pieter led the trypanosomiasis unit (TRY) in the Parasitic Diseases Programme (PDP). He focused on African trypanosomiasis, and his Colombian colleague Álvaro Moncayo (†2019) covered American trypanosomiasis (Chagas disease). Pieter travelled extensively to all African countries where trypanosomiasis was endemic, advising governments on prevention and control strategies.

With “African blood” streaming in his veins and his humble character, he steered clear of HQ politics, and focused on his technical assistance role.

The early 1990s were turbulent times for the three tropical diseases divisions (PDP, VBC – Vector Biology and Control, and MAP – Malaria Action Programme) when Dr Hiroshi Nakajima consolidated them into the Control of Tropical Diseases Division. Pepe Najera became Director and Pieter became Associate Director. During the period of instability at the time of Dr Nakajima’s re-election Pieter kept a low profile.

My last contact with Pieter was in May 1992 in Brasilia during the third preparatory meeting for the Amsterdam Malaria Conference later that year. Seated next to him, I interpreted the Secretariat discussions for him, which were mainly in Spanish. We scorned the conspicuous moves to keep environmental issues out of the global malaria strategy (just weeks before the UN Conference on Environment and Development in Rio would take place!).

After retirement in 1995 Pieter and his wife stayed for a few more years in the Geneva area, but then decided to return to the Netherlands, where he spent the last 20 years of his life, most recently in the village of Baarn.

Robert Bos


It is impossible to summarize in a few paragraphs this amazing man and his dedication to local, national and global health. I initially met him at the first immunization seminar in Kumasi, Ghana, in 1974, where he chaired the meeting, and I then had the immense privilege of working with him for a decade in the Tropical Diseases Research (TDR) Programme. Under his leadership, the programme blossomed and much valuable R&D work was carried out which helped to treat so many sufferers and save lives, including the ground-breaking negotiations with Merck to secure ivermectin© at no cost for “as much as required, for as long as it takes” to treat those suffering from river blindness. Accompanying the R&D was the research capacity strengthening (RCS) arm which trained very
many scientists in poorer countries: thanks to this work, capacity on the ground was available to help cope with HIV which initially claimed so many lives. TDR was steered by what we called “The Gang of Four” – Tokunbo and the heads of R&D, RCS and programme management. All four are now on another shore and I like to think of them getting back together to deliberate and solve whatever issues surround them.

As a person, Tokunbo was such a warm and caring human being with a wonderful sense of humour, full of jokes and infectious laughter. He had a photographic memory and enjoyed quoting page and verse in response to questions from delegates at the annual TDR governing body meeting – then he would turn to me with a beaming smile, hoping I could produce the document in question open at the appropriate page – a virtually impossible task! He treated all his staff with great respect whatever their level and would enjoy making his own photocopies to enable him to bond with the staff at the photocopying machine. Alongside his passion for improving global health was his love of playing the organ and those of us in TDR during his decade recall wonderful evenings at his house, enjoying a potluck supper and singing to the many tunes he played.

As his autobiography title indicates, “It was the best of times” and those times spent with him will remain in our hearts. The world is a sadder place for Tokunbo having left it.

*Sue Block Tyrrell*

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**Pamela Malbec, born 25 November 1932 in Paris, France, died 25 November 2020 in Gland, Switzerland, on her 88th birthday**

Pamela’s father was French and her mother British. When the Second World War started the family were living in Paris and her father was called into the service of de Gaulle. After the invasion of Paris, Pamela’s mother decided they had to leave but the only way was on foot with three children aged 6, 8 and 10 years. Her mother managed to escort the three children, plus another child they encountered along the way, to the Normandy coast. They became refugees in Yorkshire for the rest of the war.

Before joining the Malaria Action Programme in WHO, Pamela worked for UNICEF in the Ivory Coast, Algeria and Ethiopia and survived several coups d’état. Once, when a vaccination campaign for children was being carried out and there were insufficient medical staff, Pamela, although on the administrative staff, volunteered, was taught how to vaccinate and leapt into action. She never had children of her own, but was always to be found in charge of a group at the WHO children’s Christmas party. She was like a Grandma to my own children, taking them on outings, collecting them from school on Wednesdays, and insisting homework was done before any treat was allowed. She was a great friend, ever practical, very perceptive and supportive, with an incredible sense of humour.

The last time I saw her we had lunch together under Covid regulations. We were spaced three metres apart, and as Pamela had now become a little hard of hearing, I had to shout so that she could hear me. In true fashion, Pamela entered into the spirit of the occasion and we just laughed about the situation.

*Gillian Lancaster*

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Pamela was remarkable for her very sunny nature, and was always very helpful and reacted with quiet efficiency to any emergency. My travel arrangements were always impeccable. She was very popular in the office, and always provided a calm and reliable atmosphere in any moments of crisis.

*David Muir*
Catherine Roch Hazelden, born 18 February 1947 in Woodford, Essex, UK and died 10 January 2021 in Le Bouveret, Switzerland

Catherine passed away very suddenly and unexpectedly in the early morning of 10 January, a month before her 74th birthday – a great shock to all.

Catherine joined WHO/HQ in August 1973, after several secretarial appointments in London. She gained experience in several units, notably Environmental Health, Family Health, Personnel, Virus Diseases, the Tropical Diseases Research Programme and Mental Health, before becoming an Assistant for Statistics in the Human Reproduction Programme where she remained until her early retirement in February 2005. Catherine was a willing, helpful and competent colleague who was well liked and appreciated wherever she worked.

Catherine was also a very loyal friend, even into retirement, keeping in touch with us and enjoying lunch and coffee dates. She loved the Swiss mountains and was an excellent skier in her younger days, and she also enjoyed hiking, walking, line dancing and cultural activities, often travelling for hours by train to visit museums, exhibitions, listen to opera or go to the theatre. Catherine had a real passion for travel to places both near and far – often to different continents to visit unusual places, sometimes on her own. Catherine had a good sense of humour and was a good listener, and friends thoroughly enjoyed her company. She was a life member of the AFSM and enjoyed participating in the General Assemblies, the annual receptions, the AFSM cruises and other events – she will be greatly missed by many.

Catherine is survived by her husband and her two nephews and their families.

Sue Block Tyrrell, Christiane Gaberell, Sandra Pianezzi and Janet Richard

I never expected to have to write memorial texts for two such close friends in subsequent issues of our newsletter. Catherine has been a faithful, reliable and irreplaceable friend to many since our early days in WHO and will be as sorely missed as Angela Blättler. I hope they have joined each other in an afterlife.

Irene Bertrand

Joan Bentley, born 4 October 1928 in Todmorden, UK and died 30 November 2020 in Todmorden, UK

Joan completed her Primary and Secondary School education in Todmorden where she remained until 1945. She qualified as a Registered Nurse in Liverpool Royal Infirmary in 1949 and as a Registered Midwife in Belfast Royal Infirmary in 1951. She was seconded to Kingston on Thames to obtain her Midwife Tutors Diploma before returning to Belfast as a midwife teacher.

Joan joined WHO in 1960 and was assigned to Cambodia and 6 years later went on a scholarship to McGill University, Montreal where she obtained a BSc in nursing and Public Health (PH) in 1969. She was then assigned to the Pacific Islands, based in Fiji, and developed PH and nursing services and
related staff development in most of the islands. In 1975 she received 12 months’ leave of absence and studied with a Kellogg’s Scholarship in the University of British Columbia in Vancouver where she obtained an MSc in Education (Health Sciences).

Returning to WHO in 1976, she was assigned to Nepal to develop a University Course in Nursing. In 1980 Joan was invited to WHO HQ in Geneva as Midwife in the MCH Team in the Family Health Division.

Joan was a champion midwife and the first to hold this designation in WHO HQ. She put midwifery as an indispensable profession on the map of MCH programmes within the PHC initiative and worked tirelessly to promote this in several African countries. I first met Joan in Ethiopia in 1984 where the Ethiopian PH Officers were enthusiastic to work with her. The legacy of Joan’s work had a ripple effect worldwide. Thousands of mothers’ and babies’ lives have been saved through a cascading effect of her endeavours.

As her successor and an outsider to WHO, her intimate knowledge of the Organization was invaluable to me as a Temporary Adviser for the first two ICM/WHO/UNICEF Pre-Congress workshops on Safe Motherhood.

Joan retired from WHO in 1985 after 25 years of dedicated and passionate service, first to Donhead St. Andrews and in 2010 back to her beloved Todmorden to be with her family. She will be greatly missed by her sister-in-law and her family, friends and colleagues who had the privilege to share some of her life’s journey.

*Barbara E Kwast*

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**John James Hould Donald, born 6 December 1926 in New Zealand, died 10 January 2021 in Spain**

John, or Jim/Jimmy as he was known, grew up in Wellington and attended Nelson College. He completed one year at Victoria University and left to work at the Gresham Trading Company.

Jim married his first love in 1952 and 3 daughters followed in quick succession. During these years he completed his Batchelor of Commerce degree whilst also working at Barr Burgess and Stewart, public Accountants.

In 1959 Jim was recruited by UNRWA in Beirut, to work in Budget and Finance and the family grew with the addition of a son and daughter.

Jim spent 6 months in Jerusalem for UNRWA in 1965. The family then moved to Geneva and Jim started work for WHO, where he remained until he retired in 1990.

His career included postings to WPRO Manila, Philippines and Ouagadougou, Burkina Faso with the Onchocerciasis Control Programme, Washington DC on a review of PAHO, and a stint in Alexandria, Egypt at EMRO. He retired whilst working in Copenhagen, Denmark for WHO/Europe.

It was after retiring that Jim met his second love in Copenhagen. He was offered temporary work in Africa and they moved to Angola in 1994 with the World Food Programme and then on to Brazzaville, Congo with WHO. When the civil war broke out in 1997, they followed WHO’s Regional Office to Harare, Zimbabwe until March 1998.

Jim spent his remaining years in Fuengirola, Spain with his partner and they continued travelling all
around the world. He loved his family absolutely and he was a respected and well-liked colleague, kind, ethical, hardworking, full of life and very entertaining. A good Scottish whisky always went down well, right to the end.

He will be greatly missed by Vibeke and Lorraine, and his children and grandchildren.

Diana Donald (daughter) and Laurence Donald (son) with information provided by the Donald family and Vibeke Holm.

Dhiman Barua, born 19 October, 1920 in Rangoon, Burma/Myanmar and died 19 August 2020 in Geneva, Switzerland

Dhiman Barua was born in Burma, then part of British India, and died peacefully in his sleep just two months shy of his one-hundredth birthday.

He played an instrumental role in the worldwide adoption of oral rehydration therapy (ORT), an effective, cheap treatment which has saved many tens of millions of lives from diarrhoeal diseases since its introduction in the late 1970s.

Dhiman Barua obtained a MBBS in Calcutta, India, and an MD in Lucknow, India. This was followed by a post-doctoral fellowship at the Pasteur Institute in Paris and the London School of Hygiene and Tropical Medicine. He was appointed Professor and Head of the Department of Bacteriology at the Calcutta School of Tropical Medicine.

He joined the World Health Organization’s inter-regional cholera team in Manila in 1965, and transferred to WHO headquarters in Geneva in 1966 to manage cholera control. When the 7th Cholera Pandemic hit forty African countries in 1970, WHO was flooded with requests for thousands of tons of IV saline solution which was the only known treatment for cholera. Dr Barua turned to oral rehydration instead of IV saline, despite the reservations of many doctors at the time, and conducted several training courses in different African countries enabling minimally trained people to administer oral rehydration. In 1971, during the Bangladesh War of Independence, he witnessed the spectacular results in the refugee camps from the administration of oral rehydration salts by mostly untrained people. In 1978, Dr Barua established the Diarrhoeal Diseases Control programme at WHO. The success of the programme can be seen in the decrease in the number of deaths from diarrhoea, from an estimated 4.6 million children under five years in 1980 to about 1.8 million in 2000. The medical journal The Lancet hailed oral rehydration solution in 1978 as “potentially the most important medical advance of the 20th century” and since then, it has been estimated that 70 million lives have been saved because of it.

Dhiman Barua finally retired from WHO in 1987, and lived the rest of his life in Geneva. In 2003 he received the Lifetime Achievement Award for outstanding contributions to the control of diarrhoeal diseases at the 10th Asian Conference on Diarrhoeal Diseases and Nutrition. He has left behind his wife and two sons.

Dev Ray
Jean-Jacques Guilbert, born 28 January 1928 in Malakoff, France, died 3 February 2021 in Geneva, Switzerland

The role of Jean-Jacques in the training of health personnel began in 1959 when he returned from the USA where, as a young physician, he had been sent on an internship and discovered novel approaches to the training of students. In Paris, Professor Robert Debré, who was organizing the reform of medical studies, asked him to propose new types of exams for students. This is how multiple-choice questions (MCQs) came to be introduced in France, despite the resistance from Parisian professors, resistance which Jean-Jacques faced with the incredible aplomb that he would display all his life.

In 1966, he was recruited to the WHO Regional Office in Brazzaville where he began to apply his educational principles, insisting that teachers should not teach but help students to learn. He participated in the creation of the University Centre for Health Science (UCHS) in Yaoundé and began preparing his Educational Handbook for Health Personnel, a best-selling WHO publication until the early 2000s. Translated into 14 languages, it was used in thousands of educational workshops around the world. It was while in Brazzaville that he met and married Elise.

In 1972, after obtaining a PhD in Education in California, he was recruited to WHO Headquarters as Chief of the Educational Planning, Methodology and Evaluation Unit, a position he held until his retirement in 1988. He travelled the world promoting more relevant training for health personnel and leading countless educational workshops, often shaking up ministerial and academic authorities with his legendary frankness. Following his retirement from WHO, he was recruited by the University of Geneva where he was responsible for the planning of several training programmes and publications.

In 2007, he was elected to the AFSM Executive Committee, where he continued to serve until 2012. A member of the Editorial Board of the Quarterly News, he contributed numerous articles, sometimes controversial but always stimulating. A brilliant polemicist with a keen perception of the mannerisms of his interlocutors, always challenging them to clarify their statements, never taking no for an answer, he always stood out wherever he happened to be. He will be sorely missed.

We extend our deep condolences to his wife Elise, his son Patrick and his two granddaughters, Carole and Marion.

Jean-Paul Menu

SUBMISSION OF OBITUARIES

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

The Editorial Board
Following the decision of the Interim Commission in 1948, a Regional Office for South-East Asia was to be set up in New Delhi. SEARO would proudly become the first WHO Regional Office.

The Government of India undertook to provide the necessary infrastructure. First, a bungalow on Hardinge Avenue was assigned, and then when that became too cramped, part of Patiala House. Some readers may remember Patiala House, which was the seat of SEARO from early 1950 until 1962.

Although the building is called a house, it is in fact a large, sprawling palace, which was taken over by the Government following Indian Independence and during the subsequent reorganisations. Patiala House had been designed by Sir Edwin Lutyens for the Maharajah of Patiala in the early 20th century.

It was not a practical suite of offices, the ceilings were very high making it difficult to heat in winter, and to keep cool in summer, and upkeep was expensive. The Government of India provided an annual allocation for the maintenance of the building. Their entire annual allocation was used up in the first quarter just in replacing light-bulbs! For the rest of the year SEARO had to dip into its own funds for maintenance.

One winter, in an attempt to heat the rooms and corridors, SEARO procured kerosene heaters, but the building started reeking of kerosene! In summer suitable air-conditioning units were not available, so room coolers were used, but these raised humidity to uncomfortable levels. SEARO then adopted the traditional, indigenous method, in addition to the room coolers. The local method was to use *Khus Khus* screens and keep them moist by sprinkling water frequently.

Included in the SEARO suite of offices was the palace ballroom with parquet flooring and a viewing gallery. The dance floor was occupied by the Finance, Budget & Accounts unit (FBA). During Regional Committee sessions FBA had to vacate the ballroom for the week and work in a marquee (*shamiana*) on the open ground behind the building.

There were also two vast bedrooms with large bay windows, and these were occupied as offices by the then Regional Director (RD), Dr Mani, and his deputy, Dr Lucien Bernard (Director, Health Services). Dr Mani used to work inside his office in the summer, and move to the portico during the winter to soak up some sunshine.

The anterooms to the bathrooms were large enough to be used by the support staff of these officials. To optimize the utilization of the space available, one of the toilets was used as a storage area by the Reports and Documents Unit!

The communication technology then was not in an advanced stage. There were none of today’s modern communication gadgets in the building – only telephones. If there was a phone fault the technicians used to scramble around the building trying to locate the defect.
There was also a large hall which I presume had been the library. This was retained by SEARO as their Library and it also doubled as a conference hall for the annual meetings of the RD with the WHO Representatives, and for other meetings.

SEARO spent thirteen years in this rambling “palace” – the growing up years. (See also, Twenty years in South-East Asia 1948–1967. Published in 1967 by the WHO Regional Office for South-East Asia, New Delhi). When WHO finally moved out of this building in 1962 to its own offices, the Government of India repossessed it, and it now houses the Delhi High Court and judicial offices.

Staff at SEARO worked variable hours at different times of the year: in the summer (April–September) from 07.00 to 14.00, and in winter (October–March) from 08.30 to 17.30). It so happens that the Indian Republic Day falls on 26 January – mid winter in Delhi. As part of the Republic Day preparations the armed forces would practise their military music and marching songs on the lawns around India Gate, very close to Patiala House. The music that floated across in the early wintry morning mist, as one started work, was heavenly and unforgettable.

__JV Perumal__

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**Early memories of Patiala House**

The account by Mr JV Perumal is very much in line with my own experience. Although I was just 7 at that time, I was occasionally allowed to go to the Patiala office to say hello to my father.

What I can add to the story is an explanation of the name of the building.

Patiala is one of the largest states in Northwest India. In those days when Parliament would meet, each “princely” state would have its ruler attend the session – and many of the larger and wealthier states had their own “houses” just for that purpose.

Patiala House is made of pink sandstone from the state of Rajasthan and was, or rather still is, a truly majestic property set in vast grounds in the middle of Lutyen’s Delhi not much more than a stone’s throw from India Gate and the statue of King George Vth.

India Gate is still today the classic centre of New Delhi and from which ascends an avenue, still known as Rajpath (King’s Way) that ends in Rashtrapati Bhavan (literally King’s House) which even today houses the Government’s Central Secretariat – then and now known as Parliament House. To this day India’s spectacular Republic Day Parade is held along this Avenue, along which all the buildings are in the same sandstone. The vast lawns on either side of the Avenue have a canal running through them. A place for people, particularly families, to gather away from the more densely populated areas of New Delhi.

__Neel Mani__
**EARLY MEMORIES OF WHO**

**Introduction:** AFSM member Fernando Cardenal recently contacted the Association enquiring whether the *Quarterly News* was published in Spanish, as now aged 95 he was finding it more tiring to read in English than previously. A member of the Editorial Board drafted our regrets – in Spanish – and suggested that we might ask Fernando Cardenal whether he could share any early WHO memories with our readers. He replied that not only would he be willing to share, the text had already been prepared during the long months of Covid confinement, and published, in Spanish, in the magazine “*Frente de Madrid*” by GEFREMA. The Director José Antonio Zarza López kindly gave his permission for us to translate and publish.

Fernando Cardenal worked for WHO for 24 years in many countries in the African Region. He recalls that the first ten years were undoubtedly the most interesting, and were based in Kinshasa, capital of the Democratic Republic of the Congo. At the end of his career, he replaced Dr Einar Helander, who had introduced the concept of rehabilitation within the community, for six months in Geneva as the head of the Global Rehabilitation programme.

For various reasons Fernando Cardenal does not have many photos taken during his first ten years with WHO. He has provided us with photos taken from the following decade, and a small selection of them are reproduced on the back cover pages.

**1961: Recruitment by WHO to serve in the former Belgian Congo**

In 1961, nearing the end of my assignment with the Massachusetts General Hospital in Boston, where I had completed my specialization in orthopaedic surgery, I learned from the press about the serious events that were taking place in the Democratic Republic of the Congo (DRC) and deliberations on this situation by the UN Security Council in New York. After obtaining the approval of the hospital, I went to the airport and took a flight to New York. I then went directly to the UN headquarters, where I entered the Security Council Chamber which was in permanent session, presided by Dag Hammarskjöld who was then UN Secretary-General.

While I was there, Mr Hammarskjöld arrived, looking very pleased, brandishing a paper and saying “This is a cheque for a million US dollars, a gift we have received and which will allow us to continue our work for a few more days!”. During the first break, I followed the Congolese delegates and headed for one of their groups. I introduced myself in French and told them that I wanted to go to the Congo to offer my help. They kindly directed me to the responsible person, who replied to me saying “We would be delighted to engage you but we do not have the funds to do this, so I advise you to write on my behalf to WHO/Geneva”.

I duly contacted WHO and received a reply asking me the name and address of my latest supervisor. I sent this information and requested that as I was due to visit my brother in Venezuela, in case of a positive response would they kindly send it to his address. Then I left for Venezuela to visit my brother, whom I had not seen since shortly before the Second World War.

After a long delay without any response, I contacted WHO again and this time a reply came rapidly. I was asked to contact the WHO Representative in Venezuela, who had received the necessary instructions for recruiting me as an employee of WHO in the Congo, and for facilitating the flight tickets to Geneva.
In Geneva, I went to the WHO Headquarters, which was then housed in the Palais des Nations, where I was informed that I could leave immediately for the Congo as I was already awaited there. Somewhat surprised by this sudden urgency, I said that I had waited for months in Venezuela, and that before going to the Congo, I should make a short private visit to Belfast, and also say goodbye to my parents who were then living in Tenerife in the Canaries. I was told that this would greatly increase the cost of the air travel, but it would be possible on condition that I travel in tourist class, except for the last flight because it was imperative that I arrive at the final destination in first class.

The airport at Kinshasa was closed at that time for civilian travel and was reserved strictly for the military, so I had to fly to Brazzaville, capital of the Republic of the Congo, which is separated from Kinshasa only by the river Congo. As there was no direct flight from the Canaries to Brazzaville, I was obliged to take several flights, some with connections during the night. A member of the WHO staff met me at the airport in Brazzaville and we went directly to the river port and crossed by ferry. When we arrived at the WHO office in Kinshasa, we were met by Dr Bellerive, the WHO representative for the DRC.

Because of the sudden change in the population in Kinshasa, the hotels were full but many of the luxury shops were closed. I was installed in one of those shops which had been converted to make a small apartment with all services provided, close to the Hotel Regina on the central promenade. Not yet having my assignment, I was able to meet several people who became friends. One of these was Peter Jolly, a British sanitary engineer who had also been recruited by WHO and who had just arrived. We remained good friends for many years. Recently his wife told me that Peter had died in hospital in Woodbridge, near their home.

On 22 July 1961, the President of the Republic, Mr Joseph Kasavubu, perhaps following advice from the UN, decided – via an invitation issued by the Rector – to confine all Parliamentarians including Senators, and their secretaries, within the precincts of the University of Lovanium, which was affiliated to the University of Louvain in Belgium. Situated 12 kilometres from Kinshasa, the University was closed for the summer vacation. The purpose of this confinement was to hold discussions behind closed doors until an agreement could be reached on the appointment of a new government. To that end, the perimeter of the University grounds had been completely closed and was guarded by a contingent of UN troops who had dug trenches, installed machine guns, mounted surveillance towers with flood lights, and encircled the whole area with barbed wire. No one was permitted to enter or leave without authorization until the politicians inside had agreed upon a new Government of the Republic. Mr Kasavubu, who stayed in his residence in the capital, came each morning to preside over the discussions.

A medical team was created to treat, if necessary, the members of this confined group. The team comprised Peter Jolly, a nurse from New Zealand, an Italian doctor responsible for general medicine, and myself in charge of surgical conditions. Almost all members of the team followed from time to time the deliberations and political debates from the assembly hall, then we gathered in my apartment and listened to the BBC News at 18.00. We returned to the assembly hall in the evening to watch films, which were shown every afternoon and evening.

Finally, the politicians came to an agreement and elected Mr Cyrille Adoula to be the new Prime Minister. He chose his ministers and on 2 August 1961 Mr Kasavubu ratified all of the nominations. The new government was then constituted, and the confinement ended.

A few days later, Dr Bellerive assigned me and an Italian doctor (Dr Miotto, if I remember his name correctly) to the province of Equateur. We flew in a military aircraft to Mbandaka (formerly Coquilhatville), the capital of the province, after which a line of civil and military jeeps took us to our final destination, the village of Befale.

The province of Equateur was one of the largest, covering an area as large as Spain or France, but also one of the least populated. Crossed by the Equator, it was the hottest province, and the most extensively covered by jungle. During the long rainy season almost everywhere was flooded. The roads and surroundings were submerged and we could no longer tell which way to go. Travel was by canoe,
each carved from a single block from huge tree trunks, and the men at the prow cut a passage through the floating vegetation using machetes. To this day I do not know how they could steer the canoes.

In the past, Befale was the centre of a region where all the tropical diseases could be found, and depopulation was continual, until a Belgian foundation, the Fonds du Bien-Etre Indigène pour Equateur, took Befale under its protection, and worked to improve the health and development of the population. This catholic mission built a small diesel-powered electricity generator, and a large part of the village then received electricity. Teaching was modernised, training workshops were created for different trades, rearing of cattle was introduced, and a hospital with 200 beds was built, including operating theatres, radiography facilities, a pharmacy, a laboratory, and a morgue. The nurses and the nuns in the mission were trained to provide all of the necessary medical care.

With the declaration of independence, the Belgian doctors departed and medical assistants took over so that hospital care could continue. On the day we arrived, a pregnant woman was brought to the hospital and I was told that the baby would have to be delivered by caesarean section. I examined her and confirmed that the operation was needed urgently, so I asked for the person who had taken over this type of surgery. A medical assistant who had carried out all caesarean sections since then responded, so we did the operation together, with him as surgeon and me as his assistant. He carried out the operation perfectly, and we agreed that he would continue to do the caesareans, and I would stay near in case needed.

Not long after this, the copper cables from part of the electrical installations were stolen, and some of us found ourselves without electricity or running water. I had to employ someone to bring water from the river so that cooking could be done and the reservoir for the shower filled, and for bringing logs to feed the fire in my living room which served mainly to dry the atmosphere.

During all the long nights from 18.00 till 06.00, using a petrol lamp, I have never read so many books on medicine and history as I did then. All of the people I met and mixed with were friendly and honest, and my medical work was very interesting. It was a very happy period in my life.

But then misfortune struck. While I was in Boende, the capital of Tshuapa province, I contracted the parasitic disease schistosomiasis (bilharziasis). I became very ill and extremely weak. I had to radio a message to Kinshasa and two days later a military plane came to evacuate me.

This caused a bit of an incident because the locals believed that the plane had come to kidnap their doctor, and they locked the entire crew in a cell. I had to explain to them and then they let us depart. In Kinshasa I was immediately hospitalized and a month later I was transferred to a hospital in Geneva. Just as I was recovering, I received alarming news concerning my father’s health and I requested a period of leave-without-pay, and this was granted by WHO.

In 1966 I returned to work, and just then the DRC sent a request to WHO for a doctor specializing in orthopaedic surgery and rehabilitation, to head the Centre de Rééducation pour Handicapés Physiques, a private charity that had been founded in Kinshasa. I was the medical director of that centre for the next 10 years.

Then I joined the Regional Office in Brazzaville, and numerous assignments in many African countries occupied the rest of my WHO career. But those stories would fill many more pages ...

Fernando Cardenal Alcántara
Kinshasa, 1966. President Mobutu greeting WHO staff. Readers are invited to inform us if they recall the names of the WHO staff illustrated. Fernando Cardenal is first on the right, in the second row.

Kinshasa, 1975. At the Danish Red Cross Hospital, Fernando Cardenal finishing applying a cast on a child who has undergone surgery.

A somewhat stylized drawing of the Danish Red Cross Hospital in Kinshasa, also fondly known as the Clinique Kinoise by the local population. 1977
The *Centre de Rééducation pour Handicapés Physiques*, Kinshasa, 1977. Photo taken at Fernando Cardenal’s farewell after serving for ten years as the centre’s first medical director. Fernando was being posted to Brazzaville, to the WHO Regional Office for Africa. The photo depicts all the technical and administrative staff of the centre and also Fernando’s first wife, Siv, a Swedish physiotherapist who provided voluntary service. Some of the staff were themselves physically disabled, the secretary of the centre in the front row on a stretcher was paraplegic, another required a tricycle, and the staff from the workshop for the manufacture and repair of orthopaedic devices are seated on the ground.

Kinshasa, 1979 with Einar Helander, head of the WHO Global Rehabilitation programme. Readers are invited to inform us if they recall the names of the WHO staff illustrated.