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

Salle B during the virtual meeting of the AFSM General Assembly, in the presence of Dr Tedros, DG, who addressed this 2021 meeting. An Assembly like no other, with a maximum of 21 people in the room. A full report can be found on page 4
AFSM have moved from office 4141 in the main building to L71 in the L building
There are about twelve active members of the Executive Committee. During the pandemic the WHO building has been closed to most of its staff and to all but two members of AFSM – Sue Block Tyrrell and Anne Yamada. Consequently, these two members have had to bear the lion’s share of the work, including the task of sorting through the mounds of papers, files, dossiers etc., accumulated over many years, and the packing up into the cartons provided by WHO, and organizing the move of the material to the L building. They have undertaken these heavy tasks – always with a smile – since no one could come to help them.

*The Executive Committee would like to take this opportunity to thank them.*

Two views of our old office, 4141 on the 4th floor of the main building. This building is now empty, ready for the four-year refurbishment. See the back cover for a view of the new AFSM office.
AFSM wishes a very happy and healthy New Year 2022 to all of our readers
2021 GENERAL ASSEMBLY

Report of the AFSM General Assembly on 6 October 2021

Opening

The Assembly was opened by Jean-Paul Menu, AFSM President, who welcomed AFSM members to this first hybrid General Assembly – with only a few people in the room, including the AFSM Polling Officers\(^1\) – but with many more online including from several countries in three different WHO Regions. He welcomed this opportunity for AFSM members around the world to join the meeting, and thanked those who had got up early or stayed up late to participate. Jean-Paul also welcomed invited guests, including from sister associations – Samuel Mbele-Mbong, Association of Former International Civil Servants (AFICS-Geneva) and François Kientzler, Anciens ILO – the AFSM Auditors\(^2\), Jennifer Linkins, Director, Human Resources and Talent Management (HRT) who is the AFSM’s focal point at HQ, and Catherine Kirorei Corsini, President of the Staff Association.

A minute of silence was held in memory of former staff who had passed away over the past year. David Cohen paid a special tribute to Roger Fontana, a former member and President of the AFSM Executive Committee, who had died recently.

Address by Dr Tedros Adhanom Ghebreyesus, Director-General

Jean-Paul welcomed Dr Tedros, Dr Catharina Boehme, Chef de Cabinet, Ms Shenaaz El-Halabi, Director of the DG’s Office and Dr Cindi Lewis, Technical Officer in the DG’s Office.

Dr Tedros expressed his thanks to the AFSM members who remain part of the WHO family, for the invitation to address the Assembly. He regretted that the Covid pandemic had prevented him from meeting personally with the AFSM Executive Committee, but he was pleased with the ongoing discussions on collaboration being taken forward by his Office and the Department of Human Resources and Talent Management, with its Director being the AFSM focal point at HQ. He takes the partnership with the AFSM very seriously and was pleased that a system had been set up to announce short-term vacancies to AFSM members: this has led to several members being selected and to new members joining the AFSM. Dr Tedros would like to expand this initiative and he encouraged former staff to offer their services when support or temporary assistance is needed. Ten AFSM members are mentors. The mentoring programme is expanding and more opportunities will be offered. Jennifer Linkins is coordinating the initiative and she will ensure the involvement of the AFSM in the programme.

Dr Tedros then referred to the increasing collaboration between the AFSM at HQ and AFSMs in the Regional Offices – such collaboration needs to be expanded also to the country level to ensure that good relationships and initiatives exist at all levels of the Organization. He recognized that not all AFSM members reside in Geneva and activities across Regions will help to increase AFSM membership.

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\(^1\) Janet Clevenstine, Helena Mbele-Mbong, Andrée Prodham, and Maryvonne Grisetti – a new Polling Officer elected under item 3 of the Agenda

\(^2\) Only Richard Saynor was able to participate
Due to the pandemic, some activities, e.g. lunchtime seminars, had had to be put on hold as only virtual events could take place. However, as WHO is now slowly opening up, there will, hopefully, be more opportunities for hybrid events like today. Dr Tedros hoped that it would soon be possible to meet again with the Executive Committee on a regular basis. He thanked the AFSM members for their encouragement and willingness to remain part of the WHO family. He would welcome comments and feedback on how to strengthen ongoing initiatives and explore new areas for collaboration.

Dr Tedros then responded to several questions from AFSM members:

- **Influenza vaccinations**: sessions for staff and for retirees would take place in two weeks’ time. Catherine Kirorei Corsini added that the vaccination sessions would be held in the former cafeteria in the M building – this would facilitate access by retirees. This former cafeteria will become a staff lounge in the future.

- **Booster doses of Covid vaccines**: the delay in implementing such a service in Switzerland may be due to the Government following WHO guidelines which have advised people to wait until the end of October when more information will be available on risk factors and vulnerability. No conclusive evidence is yet available to recommend booster doses except for those who are immuno-compromised. Despite the knowledge gained so far, there are still many unknown factors. Hopefully, answers will be available soon and the guidelines can be updated.

- **Increase in services online**: with more and more services only available online, many people are facing challenges and not only seniors. Dr Tedros himself often needs the help of the IT department and he offered to explore the possibility of organizing group training sessions for former staff if this would be of interest.

- **Visits by former staff to the new WHO/HQ building**: Dr Tedros suggested that Jennifer Linkins work with the AFSM to organize a group visit. The new building is eco-friendly and very modern, using today’s technology.

Jean-Paul expressed his thanks to the DG and his Administration for all the support given to the AFSM, including the organization of this hybrid meeting. He stressed that AFSM members will do what they can to promote WHO’s work. Dr Tedros responded that it is an honour for him to work with the AFSM: it is necessary to take care of those who join the Organization, those who are current staff and those who have left – we are all one family. He would welcome ideas for improvements and closer collaboration, and wished the AFSM a successful meeting.

**Election of Chairperson, Zoom Moderator and Polling Officers**

In view of the special circumstances, the AFSM President did not call for nominations/secondment of the Chairperson and proposed that Robert Bos be appointed as Chairperson. There were no objections.

Jean-Paul then mentioned the need for a Moderator to watch for requests from those online who wished to take the floor and bring them to the attention of the Chairperson. Suzanne Cherney had kindly offered to take on this role, assisted by Dev Ray, one of the AFSM Vice-Presidents. There were no objections.

Jean-Paul then summarized the role of the Polling Officers. In accordance with the AFSM Statutes, Polling Officers were elected for 2021–2022 – Janet Clevenstine, Helena Mbele-Mbong and

3 To manage any voting needed at the General Assembly and, at the time of elections of Executive Committee members, to check that candidates meet the set criteria, ensure the correct handling of the voting and declare the results.
Andrée Prodham were re-elected for a further term of office, and Maryvonne Grisetti was elected to replace Sandra Edgar who had moved away from the Geneva area. No additional names were proposed. The Assembly thanked the four of them for their assistance and also thanked Sandra Edgar for her help in the past.

Adoption of agenda
The AFSM President explained that the Executive Committee did not want to postpone the biennial General Assembly as required by the AFSM Statutes but, in view of the Covid situation, the agenda had been kept to the minimum, including only the President’s report, pension and Staff Health Insurance matters, the financial and Auditors’ report and election of Auditors. Unfortunately, it was not possible to organize a reception after the Assembly. The agenda was adopted as presented.

President’s report
Jean-Paul highlighted four points:

- The co-option of Edmond Mobio and Ambi Sundaram to the Executive Committee
- The continuing need for more and younger members of the Executive Committee
- The excellent support provided to the AFSM by the Director-General and his Administration
- Support to the associations of former staff in the WHO Regions – unfortunately, not all of them receive help from their Administrations. Virtual meetings of all the associations are being set up twice a year to discuss how the situation can be improved. The Office of the Director-General is very supportive as is Jennifer Linkins, Director, HRT, and together we will work on improving the situation.

Discussion then followed on the requirements/responsibilities for being a member of the Executive Committee. In the past, members had to be resident in the Geneva area but this situation may be different now. Individual Committee members have different responsibilities, e.g. the Quarterly News or representing retirees on the WHO Staff Pension Committee. For Staff Health Insurance (SHI), the situation is different and retiree representatives on the SHI governance committees are elected by all retired SHI participants. Responsibilities for new activities could be considered provided they are of benefit to former staff. For example, the PAHO Association of Former Staff Members has chapters in different countries with focal points, e.g. in Europe and Canada. Active involvement by AFSM members is encouraged. The Executive Committee will review the possibilities for remote membership of the Committee and share proposals with all AFSM members in due course.

The report of the President was approved.

Questions on pensions
The Assembly welcomed Christine Cartner, Chief of Client Services and Outreach Section; Sovanna Sun, Chief, Client Services, Geneva Office of the Pension Fund; Gilles Fado, Legal Officer, Geneva Office of the Pension Fund; and Frederick Loirat, Team Lead, HQ Pension Unit and Secretary of the WHO Staff Pension Committee (SPC).

Discussion then ensued on the following matters:

- Cost of living increases
  - Retirees resident in Switzerland and on the local track have not had an increase since 2009, based on the reports from the Swiss Government, despite inflation. Cost of living increases are based on the figures contained in the reports given by Member States to the United Nations Office of Statistics. Retirees on the US dollar track

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4 A copy was distributed to all members and is available on the AFSM website
benefit from the cost of living increases in the USA. If a retiree is on the US track and receives the pension in Swiss francs, s/he will see increases or decreases based on exchange rates.

- The cost of living has increased significantly in Latin America. Is the system adjusted for such increases? This matter has not been discussed in the PAHO Association of Former Staff Members.

- If necessary, the Pension Fund staff would be willing to set up a special session to discuss the cost of living system.

- The Digital Certificate of Entitlement (DCE) and spouse enrolment when the retiree passes away.
  - This system is welcomed and relatively user-friendly. What is the procedure to get the spouse enrolled in the system when the retiree passes away? And what is the time lapse between the death and receipt of benefit?
  - Also, as the DCE App is on your mobile telephone, if you change your telephone, do you have to go through the procedure again of setting up an appointment with the Fund? Why are the appointments only possible months after you have enrolled for the DCE?
    - Since March 2020, Pension Fund staff have been teleworking from home. The impact of the pandemic on mailing services worldwide had been recognized. In some countries, the mail service works well but not in others. The Pension Fund needs proof of life and if this is not provided, the pension is suspended. The Certificate of Entitlement (CE) is the proof of life exercise. The Digital Certificate of Entitlement (DCE) is based on a biometric image. All retirees and beneficiaries, including those who are on the two-track, can download the DCE App on their mobile device, enrol in the App and then issue their proof of life in the form of a biometric DCE inside the App, every year. Those who enrol for the DCE, need to schedule a video appointment with the Fund (this is done inside the DCE App) and once the enrolment process is completed, they can go to the App and take a biometric image to complete the annual DCE process. A new image needs to be taken each year. Once a retiree or beneficiary has successfully submitted their DCE inside the DCE App, no further action is required, i.e. no need to also send to the Fund the paper-based ‘classic’ CE form.

- It is not obligatory to use the DCE as not everyone is at ease using online services but for those who are, it is a new way of providing proof of life each year. The paper-based system will continue and there is a new option to scan the document and return it by uploading it into the MSS. This option of submitting the paper-based CE via MSS is open to all retirees and beneficiaries, including those who are on the two-track.

- Survivors’ benefits are a priority for the Fund, in view of the loss of the loved one and the loss of income – in general the spouse will receive 50% of the full benefit.

- On the Fund’s website there is a tab marked “urgent assistance”, and under its menu, there is a section on death of a retiree (or beneficiary). In this section there is information on the documents which are needed, e.g. the death certificate, the ID of the spouse and payment instructions. When all the documents have been received, the Fund will proceed to calculate the survivor’s benefit and this is normally within 15 days from the date of receipt of all the documents. When the Fund has confirmed the entitlement, the spouse will be on the Fund’s records as a beneficiary. If the spouse wishes to use the DCE, s/he will need to enrol in the system.

- There is also a special email address for death related matters – Deathrelated@unjspf.org.
• Under the “retiree/beneficiaries” heading on the Fund’s website, there is a tab marked “informational booklets” among which is the booklet for survivor’s benefits. It is a good idea to print it out, go through it with your spouse and put it with your will.

• The Fund is subject to very strict auditing and security and it has to ensure that the retiree provides proof of life each year. If, for example, a child of a retiree tried to be accepted and no verification process existed, the Fund could end up paying a future pension for about 50 years. The security for the DCE takes the form of a video appointment which takes 20 minutes and, as the Fund has a limited number of staff, more appointments cannot be made available. The verification process cannot be skipped. The Fund is looking at ways to speed up the process. Many adjustments have already been made since the introduction of the DCE process.

• On the Fund’s website, under the “retirees/beneficiaries” heading, there is a tab with information on the DCE including a frequently asked questions section. It is true that a new verification is required if you change your mobile device (e.g. telephone) as the biometric image is stored in your device. In that case, you can simply call the Fund’s Call Centre at the number provided on the Fund’s website https://www.unjspf.org/contact-us/ and explain that you are already enrolled in the DCE App but are changing your mobile device and that you want to reconfirm your identity, or you can send a written message to the Fund via the online Contact Form (same link as above) or to unjspf-dcesupport@un.org: you do not need a new appointment if you are already enrolled.

• Retirees can continue to receive and return their Certificate of Entitlement by mail and those in Geneva can walk it to the Pension Fund. The Fund’s Geneva Office has moved to the new H building at the UN. Retirees do not need to go to the H building but can drop their Certificate in the box located at the security services at the Pregny entrance to the UN.

The Assembly thanked the Pension Fund representatives and the SPC Secretary for their participation in the meeting, their in-depth responses to questions, and for all the help provided by their staff to retirees during the year.

Questions on Staff Health Insurance (SHI)

Jean-Paul reiterated that retiree representatives on the SHI governance committees are elected by all retired SHI participants. Two of those elected representatives are on the AFSM Executive Committee – Ann Van Hulle-Colbert is the representative on the Global Oversight Committee and Jean-Paul Menu is a representative on the Global Standing Committee.

The Assembly welcomed Laure König, Governance Officer and Julie Perez, Claims Management Officer from the SHI team. Laure and Julie presented slides, the content of which is shown below:

**Significant developments/enhancements achieved over the past year**

• No increase in SHI contributions since 1 January 2021
• SHI virtual trainings for former staff
• Covid-19 benefits addressed
• New SHI network of healthcare providers in AFRO and EMRO

**IT**

• Automated electronic transmission of Annual Statement of Contributions
• Electronic SHI cards available on SHI Online
• World Map of Conventions signed by SHI with Health Care Providers available on SHI Online
• Launching of a ticketing service (in the pipeline)

**SHI Rules (as from January 2021)**

• B.150 – Waiver of prescription for vaccines in specific cases
• C.11 – Limit of 1 currency and maximum 5 bills per claim submission harmonized
• B.188 – New rule to address off label use of medicines
• G.1 to G.48 – Governance Committees strengthened

**Some suggestions to SHI participants**

**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 submission to SHI

**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.)
- Paper claims: do not forget to sign and date your envelope

**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 raise a letter of guarantee.

**General enquiries and reimbursement:**

**Headquarters helpdesk** (including IARC, ICC, OBS, UNAIDS and UNITAID)
shihq@who.int
+41 22 791 18 18

**Africa**
afrgoshi@who.int
+472 413 92 99

**Europe**
eushi@who.int
+45 45 33 67 67

**Americas**
shi@paho.org
+1 202 974 3537

**South-East Asia**
seshi@who.int
+91 11 4304 0200 / 0161

**Eastern Mediterranean**
shi-emro@who.int
+202 227 650 00

**Western Pacific (including GSC)**
wproshi@who.int
+632 8528 8001

**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

For confidential SHI medical reports:
shimedicaladviser@who.int

Affiliation/former staff contributions:
shi_affiliations@who.int

Since the beginning of the Covid-19 pandemic, SHI has been fully operational and staff have been mainly teleworking.

Discussion then ensued on the following matters:

**Why can only 5 bills be submitted together?**
- This decision is based on the size of the documents and enables faster processing: sometimes SHI has received 30-50 bills together in one submission and this makes it very difficult for SHI staff to organize all the documents. It encourages more frequent submission of claims from participants and reduces delays in reimbursements.

**Some bills are confusing – does someone go through them on an ad hoc basis?**
- SHI is always happy to help and provide daily advice to participants. SHI staff who process claims know the standard costs of services in their corresponding Region and are trained to control costs, sometimes contacting directly health care providers to negotiate the costs. The compliance team carries out spot checks, especially in high-cost areas to ensure that costs are correct. However, SHI participants are reminded to check their invoices before settling them, to ensure that the costs are in
line with the services they have received. This saves money for SHI and also for participants who pay 20% of the costs. If participants are in doubt about the cost of a bill, they can share it with SHI staff who will advise and assist them.

**Agreements with hospitals and acceptance of letters of guarantee**

- SHI, in collaboration with Ann Van Hulle-Colbert and Jean-Paul Menu, have been very helpful in trying to solve such problems in Mexico where the situation had become critical due to the pandemic. This is also an issue for other countries in the Americas but not in the USA where the insurance is managed by Medicare and Cigna. The number of agreements signed with hospitals in Mexico City has now increased from one to four. This compares, for example, with ten in Argentina and four in Colombia. The new SHI pilot network of health care providers in AFRO and EMRO is very welcome: it covers about 6500 providers in the two Regions which accept the SHI letter of guarantee and some provide discounts - it has been put in place from one to four. This compares, for example, with ten in Argentina and four in Colombia. The new SHI pilot network of health care providers in AFRO and EMRO is very welcome: it covers about 6500 providers in the two Regions which accept the SHI letter of guarantee and some provide discounts - it has been put in place from one to four. This compares, for example, with ten in Argentina and four in Colombia.

**The services provided by the 24-hour hotline based in Switzerland**

- This 24/7 hotline, the telephone number of which is on the SHI card, is useful if you have an accident and urgently need a letter of guarantee in order to be admitted into a hospital – the service can provide the letter for you on behalf of SHI whilst SHI offices are closed. If the matter is not urgent within 24 hours, it will be referred to SHI to provide the letter of guarantee. The service is managed by TSM Assistance and their staff do not have access to SHI confidential data on participants. They cannot, for example, answer a question on dental credit and would refer the question to SHI on the next working day. The service is very efficient for emergencies and in assisting participants being admitted into hospital.

The Assembly thanked the SHI representatives for their participation in the meeting, and their responses to the questions, and thanked all the SHI staff for their help and advice provided to retirees during the year.

**Financial report and Auditors’ report for 2019–2020**

Anne Yamada, AFSM Treasurer, introduced the financial report (see page 12). Richard Saynor, one of the two AFSM Auditors, conveyed the regrets of the other Auditor Charles Hager, who was unable to attend. Due to the pandemic, the Auditors had only been able to meet online with the Treasurer and Assistant Treasurer – Keith Wynn. They had been able to review all the documents and are completely satisfied with the way the accounts are presented and kept, and therefore recommend the approval of the 2019–2020 financial report.

Discussion then followed on the low interest rate offered by the Association’s UN Mutuelle account which appears to yield only about 1% of interest per annum. There are some reliable funds which can offer between 5-6% interest per annum, if the minimum amount of CHF 100 000 is invested. Derrick Deane, who had raised this matter, agreed to provide further information to the Executive Committee for its consideration. The proposal will also be discussed with AFICS Geneva which has more investments than the AFSM.

The Assembly approved the financial report for 2019-2020 and accepted the Auditors’ report.

**Election of Auditors for 2021–2022**

In accordance with the AFSM Statutes, the Assembly re-elected the two Auditors for 2021–2022 – Charles Hager and Richard Saynor – and thanked them for their past and continuing services.

**Other business** – None.
Closure

The Chairperson expressed his pleasure at having been given the opportunity to chair the Assembly and he hoped that it had met the expectation of members. He welcomed the opportunity of today’s technology which allows members from around the world to participate online. He thanked the WHO Administration for organizing this hybrid Assembly; those who had given presentations and responded to questions; the interpreters - Geneviève Clément and Christian Stenersen; the Zoom Moderator - Suzanne Cherney, assisted by Dev Ray; the technician - Laurent Barbey; Jennifer Linkins, Director HRT; Catherine Kiorei Corsini, President of the Staff Association; the representatives from sister associations of former staff; the AFSM members for their participation; and the AFSM President and Executive Committee members for all their efforts to help AFSM members. He hoped that life would be more back to normal in time for the next General Assembly, to permit more physical presence together with online participation from around the world.

Jean-Paul thanked Robert for his excellent chairmanship of the Assembly and his colleagues on the Executive Committee who had organized the Assembly; Suzanne and Dev for their help in identifying members who wished to take the floor; the presenters; the interpreters; the technician; the WHO Administration and especially the videoconferencing and room bookings team; the guests; and the AFSM members who had participated. He regretted that it had not been possible to meet physically but welcomed the opportunity of the online participation by members across the globe. Jean-Paul hoped that more physical presence would be possible for the next General Assembly in 2023, together with online participation for those who live far away.

The text is from Sue Block Tyrrell and the photos from Laurent Barbey, Jean-Paul Menu and Sue.
## EXTRACTS FROM AFSM FINANCIAL REPORT 2019–2020

### AFSM/AOMS


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</tr>
<tr>
<td>AFSM contribution to AFIC/LO seminar/Contribution AOMS à un séminaire</td>
<td>250.00</td>
<td>207.75</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Founds assigned for future services to life members/Fonds assignés pour services futurs aux membres à vie</td>
<td>10,132.83</td>
<td>14,200.00</td>
<td>8,545.79</td>
<td>8,708.00</td>
</tr>
<tr>
<td>Total expenditures/Total des dépenses</td>
<td>21,348.13</td>
<td>25,385.64</td>
<td>19,303.44</td>
<td>20,358.00</td>
</tr>
<tr>
<td>Excess income over expenditures/Excédents des recettes sur les dépenses</td>
<td>3,813.39</td>
<td>3,464.93</td>
<td>2,062.91</td>
<td>1,050.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>25,161.52</td>
<td>29,850.57</td>
<td>17,240.53</td>
<td>19,308.00</td>
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</table>
### Assets/Actifs

<table>
<thead>
<tr>
<th>Item/Poste</th>
<th>31/12/2016</th>
<th>31/12/2018</th>
<th>31/12/2020</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current assets/Actifs courants</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current account UBS/Compte courant UBS</td>
<td>11,877.74</td>
<td>12,391.36</td>
<td>15,110.29</td>
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<tr>
<td>Current account Post Finance/Compte courant Poste Finance</td>
<td>15,964.55</td>
<td>10,314.90</td>
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<td>8,446.95</td>
<td>1,446.95</td>
<td>1,446.95</td>
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<td>Cash/Caisse</td>
<td>116.50</td>
<td>122.95</td>
<td>58.00</td>
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<td><strong>Total current assets/Total des actifs courants</strong></td>
<td>36,405.74</td>
<td>24,276.16</td>
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<td><strong>Investments/Investissements</strong></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Saving account UBS/Compte épargne UBS</td>
<td>10,790.15</td>
<td>10,790.11</td>
<td>3,790.46</td>
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<td>234,035.15</td>
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<td><strong>Total investments/total des investissements</strong></td>
<td>215,030.5</td>
<td>244,825.26</td>
<td>242,766.11</td>
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<tr>
<td><strong>Total assets&gt;Total actifs</strong></td>
<td>251,436.49</td>
<td>269,101.42</td>
<td>275,584.30</td>
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</tbody>
</table>

### Items/Postes

<table>
<thead>
<tr>
<th>Item/Postes</th>
<th>31/12/2016</th>
<th>31/12/2018</th>
<th>31/12/2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funds available at beginning of period/Fonds disponibles au début du biennium</td>
<td>237,490.27</td>
<td>251,436.49</td>
<td>269,101.42</td>
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<tr>
<td>Excess income over expenditure/Excédent des recettes sur les dépenses</td>
<td>3,813.39</td>
<td>3,464.93</td>
<td>2,062.91</td>
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<tr>
<td>Capital funds as at the end of the period/Fonds disponibles en fin du biennium</td>
<td>241,303.66</td>
<td>254,901.42</td>
<td>267,038.51</td>
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<tr>
<td>Deferred funds from life members/Fonds assignés pour membres à vie</td>
<td>10,132.83</td>
<td>14,200.00</td>
<td>8,545.79</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>251,436.49</td>
<td>269,101.42</td>
<td>275,584.30</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Year</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009-10</td>
<td>16,845.26</td>
</tr>
<tr>
<td>2011-12</td>
<td>12,621.15</td>
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<td>2013-14</td>
<td>10,703.49</td>
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<td>2015-16</td>
<td>10,132.83</td>
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<td>2017-18</td>
<td>14,200.00</td>
</tr>
<tr>
<td>2019-20</td>
<td>8,545.79</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>72,668.52</td>
</tr>
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</table>
It's not all gloom and doom

Our Pension Fund is doing extremely well. At the time of writing, the investment portfolio value had reached an all-time high of USD 90.39 billion. 95% of first-time pension payments are processed within 15 days, and e-documents have become the norm, reducing the risk of documents going astray in postal systems. From its inception in 1949, the Pension Fund has truly grown by leaps and bounds. So how did it get to where it is now?

It was established by the UN General Assembly as a defined benefit plan (that is, a formula based on length of service and pensionable remuneration) to provide a retirement pension, disability and other related benefits, such as to a surviving spouse, to staff of the UN and its member Organizations. Its Regulations went into effect on 23 January 1949. Amended many times since then in light of the evolving dynamics of administering the Fund, these Regulations, along with the Administrative Rules, Rules of Procedure and the Pension Adjustment System, inform about the governance, payable benefits and the rules of procedure for the Pension Board and the Staff Pension Committee of each member Organization.

NEWS FLASH

The UNJSPF Geneva office has relocated from the Dupont Building to the H Building at the Palais des Nations.

A drop-off box for correspondence, e.g. Certificate of Entitlement, has been installed at the Pregny entrance.

From the initial group of participating entities – the UN itself and the independent specialized agencies in existence at that time, including, FAO, ILO and WHO – today there are 25 participating organizations with the latest new member joining in 2021. In addition, over the years the Pension Fund has put in place transfer agreements with 22 other organizations, including several development banks and other intergovernmental agencies. Such agreements facilitate professional advancement from one organization to another within the international community without penalizing one's pension plan. Along these same lines, WHO recently brought to the attention of the Fund's Administration the situation of scientific and academic experts who become WHO staff for a period of time, then return to academia or a research institute. Will consideration of their situation take place and if so, will this lead to more transfer agreements? It would appear thus that the Fund periodically takes into consideration the possibility to carry pension rights from the UN system to another plan, and vice-versa.

Records show that in 1999 for example, there were 68,935 participants (serving staff) and 46,199 beneficiaries. In comparison, the latest figures available (end 2020) show 134,632 participants and 80,346 beneficiaries. The combined client base – participants and beneficiaries – has virtually doubled during the last 21 years, growing from 115,134 to 214,978 with the participant group increasing by 95% and the beneficiary numbers by 74%. The client base has grown organically as member organizations themselves have increased staffing numbers which in turn leads to increasingly more pension recipients. Also contributing to this growth are the staff groups of new member organizations. The fact that, periodically, a new organization joins the UN Pension Fund instead of another pension group gives credence to the Fund's future ability to provide benefits, or in other words, its good management.
The crux of providing future benefits is a well-managed investment portfolio capable of creating future income streams in order to continuously make benefit payments. This is no mean feat and developing a solid pension fund investment portfolio is years in the making. The considerable growth in investment value the Fund has generated over the years, e.g. USD 9.1 US billion in 1990 to USD 90.39 billion by mid November 2021, attests to sound investment management of the current and past investment teams. What is it that underpins the Fund’s sound investment management?

The investment team, carrying out its work within the framework of the Investment Policy Statement (IPS), does not function in a vacuum. Rather, it receives guidance primarily from two permanent Pension Board committees, the Fund Solvency and Assets and Liability Monitoring (FSALM) Committee and the Actuarial Committee, as well as from the Investments Committee. How does this network of committees support the work of the investment team? The IPS is periodically revised based on the findings of two studies: the Asset-Liability Management (ALM) study undertaken every four years by an external consultant and the biennial Actuarial study. The purpose of the ALM is to evaluate the assets and liabilities (financial condition) of the Fund, the findings of which are then taken into consideration when revising the optimal strategic asset allocation, an important component of the IPS. The Actuarial study basically determines whether the present and estimated future assets will meet future financial obligations, taking into consideration various sets of assumptions on Fund demographics (e.g. number of current and future retirees and other beneficiaries, and the mortality tables) and economic developments (e.g. inflation rate and investment rate of return). These studies are then considered by the respective committees before relevant recommendations are presented to the Pension Board for discussion leading to recommendations for UN General Assembly validation. In essence, this elaborated system of committees and technical studies is akin to a loop system in that the output of the system (the Fund’s financial state), when considered in light of certain demographic and economic factors, influences the input (IPS) applied to the system.

The third committee paramount for sound investment management is the Investments Committee. Composed of nine professionals from around the globe, this group reports directly to the Representative of the Secretary General. It convenes on a regular basis (four times in 2020) to review the Fund’s assets and, taking into consideration actuarial values, makes investment recommendations in line with the Fund’s investment criteria of safety, profitability, liquidity, and convertibility. As of 2019, a sustainable investment strategy was added to the Fund’s investment criteria.

In addition to the above, there is a Risk and Compliance team that continuously monitors the adherence to the Investment Office’s risk management policies and practices for all the asset classes, that is, global public equities, global fixed income (e.g. bonds), private equity, real estate and infrastructure (real assets). This specific oversight ensures that the investment group does not take undue risks with the Fund’s financial resources. The team, sitting within the Office of Investment Management (IOM), has an independent status and reports directly to the RSG and not the IOM director.

All of the investment and administrative work of the Fund comes under the scrutiny of three different auditing groups (UN Board of Auditors,
Audit Committee of the Fund, Office of Internal Oversights of the Secretariat) who ensure that the Fund’s Rules and Regulations are respected and not transgressed.

Last but not least, the Pension Board itself plays an important role ensuring, *inter alia*, that the Fund’s outputs, both for the administration and the investments, are conducive for good management. This involves deliberating such points as budget proposals, candidates for upper administrative management positions, governance issues, proposals to amend the rules and regulations and general investment items in order to formulate recommendations for approval by the UN General Assembly. Ultimately, all of the Board’s work is to ensure that we, and future retirees, will receive a pension as long as we live.

Today a truly global entity with diversified investments in 97 countries/regions, including 27 Emerging Markets in 35 different currencies, the UN Pension Fund has developed sound investment management with various checks and balances in place, and good administrative policies and oversight. Aren’t we lucky to benefit from all this work and effort?

*Barbara Fontaine*

**INFORMATION NOTE**

The surviving spouse is generally entitled to half of the late retiree’s pension.

The UNJSPF Rules and Regulations on this subject, found at [https://www.unjspf.org/documents/survivors-benefits/](https://www.unjspf.org/documents/survivors-benefits/), are quite complicated and not readily understood.

*In plain language:*

The surviving spouse’s entitlement will be 50% of what the spouse’s full pension would have been, before any lump-sum payments were made.

**AFSM**

Your Committee’s activities during the Covid-19 pandemic (episode seven)

Three months ago we thought we would detect the beginning of the end of the pandemic, and now a fifth wave seems to be sweeping over some countries and there is the new variant Omicron. Wherever you are, vaccinated or not, do not forget the protection guidelines. They remain essential.

At WHO headquarters many of the staff continue to work from home, and access to the offices is severely restricted. Retirees are still not allowed in, not even to go to the SHI Help desk, which is now in the L building. We will, of course, keep you informed of any changes.

The main building has now been completely evacuated and the AFSM office is now located on the ground floor of building L (L71), very close to that of the Staff Association, for which we are grateful. Sue Block Tyrrell and Anne Yamada are the only members of the AFSM Committee authorized to enter the WHO buildings, and had to work hard to ensure the move. ([See page 2 and 40](#))

Of course, the main event of the past quarter was the hybrid edition of our General Assembly. It was complicated to organize, however we received extraordinarily warm and effective support from all the Headquarters units concerned. We repeat our gratitude to them. Members who were able to participate can attest to the Director-General’s continuing interest in the Organization’s former staff. This year the
DG particularly noted the growing collaboration between AFSM at Headquarters and AFSMs in Regional Offices. On this subject, you will find in the section *News from around the world*, a short report on the establishment of the AFSM Global Council. Participants at the General Assembly made several suggestions which the Committee is considering.

Our collaboration with the Human Resources and Talent Management Division continues and they send us the short-term job offers. We would be pleased to receive information from those of you who have taken advantage of this process.

Later this year we will proceed with the elections for the renewal of our Executive Committee. You will recall that we had to postpone the previous elections for two years, with your agreement, and we strongly urge you to consider applying to join the Committee. Recently, we were delighted to co-opt and welcome Ambi Sundaram.

You have read of the launch of the United Nations Decade for Healthy Ageing 2021–2030. It is a concerted action among many actors to improve the lives of older people, their families and the communities in which they live. WHO is taking the lead role in this and we firmly believe that the WHO former staff associations should also be part of it. We are seeking a volunteer who could follow developments and stimulate initiatives. It is not necessary for this person to reside in the Geneva area. Think about becoming part of the Decade!

For the second year of the pandemic, the flu vaccination was offered to retirees residing in the Geneva region by the Staff Health and Wellbeing Department. Our role was to inform you of the procedure for making appointments on the internet and to respond to your numerous requests for information. The flu vaccination was also available to retirees in some regional offices.

In the year which has just ended we were saddened by the death of several of our members. We particularly lament the passing of Roger Fontana, former president of the Committee and whose dedication to former staff was legendary. We publish his obituary in this issue.

We hope to be able to resume the organization of our cruises again this year, probably in the Autumn. We will let you know in due course.

*With our very best wishes for an active and healthy year.*

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

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**SHI UPDATE**

**Access to the SHI box for envelopes, just inside the WHO reception**

The access routes for vehicles to the WHO campus were modified in December; pedestrian access points remain unchanged, including for former staff.

If you wish to enter the campus by car, in order to put your SHI envelopes into the box, still just inside the main reception, you will need to present your up-to-date badge to the guards at the barrier of the vehicle entrance. If your badge has expired, you will be allowed to enter the grounds in order to renew your badge and parking sticker at the main reception desk.

If you prefer to drive to WHO at the weekend and put your SHI envelope in the box, there will be no guards at the vehicle entrance barrier. However, if you explain the reason for your visit over the intercom and give the details shown on your badge, you will be permitted to drive into the campus to drop off your envelope.

There is strictly no access to the WHO buildings.
ANECDOTES FROM THE ANNEXES

Tales of the unexpected from the WHO annexes

But first some history

Love them or hate them, many of us have worked at some time or another in one of the various WHO annex buildings. Over the years there have been several annexes, and the justification for them was always that HQ was lacking accommodation space!

Strangely, because in the late 1950s, at the time when the construction of the main WHO building (1966) was being discussed at the WHA and EB, there had been a proposal to create two buildings, one where the main building now stands and another where the L currently stands. However, many Member States felt that WHO would never grow to a size where two buildings would be needed!

Despite this assertion, within a year the earliest addition to office space was the three-storey V Annex, first occupied in 1967, and so named after the area where it was located “Vie des champs”.

The X Annex followed, and was put into use in 1972. The reason for the X designation appears to have been lost in the mists of time. Maybe it was down to a classical scholar in the Administration, who followed the Roman numeral logic of V to X. If our readers can offer another explanation, we would be delighted to hear from you.

Next came the L Annex. The first block came on stream in 1976 and the second building in 1982. Retroactively known as L1 and L2, and together referred to as the L building. They were so named because they were located at the Lausanne end of the Main building.

Then, the M Annex became necessary and was opened to staff in 1991 and whimsically so called from the fact that it faced the Mission of the USA.

The short-lived C Annex (first opened in 2002) was unimaginatively designated C, simply because it stood above the car-park between the Main building and the L and M buildings!

Popular thinking had it that all the annexes were named after Roman numerals. Maybe the X was, maybe not. V, L, M and C were definitely not. In fact, this practice was probably perpetuated by “the powers that be” to lend credence to that myth.

The V Annex

Some distant memories of a practically brand-new building.

I came to work for WHO in April 1968, in the newly established Division of Research in Epidemiology and Communications Sciences (RECS). This Division was housed in the V building, along with the Division of Vector Biology and Control and a few small units, which was occupied from early 1967. I had obtained a PhD from MIT and was recruited for a junior P3 position in the Operations Research Unit.

A little explanation of RECS may be in order. The then DG – Dr Candau – wanted to establish a multidisciplinary World Health Research Centre, a proposal that was rejected by the Executive Board since it felt that research was a national priority and the task of WHO was to facilitate communication among researchers but not to undertake research itself. However, the DG of WHO has large authority and can establish programmes or posts without the approval of the Board. Thus, Dr Candau decided to establish an internal research division.

When I arrived in Geneva, the UN and WHO were still quite formal and male staff had to dress in suits and ties while female staff were not seen in trousers. For any new entry to the V building, one had to report first to Reception in the main building.
The Director of RECS was Dr Ken Newell, from New Zealand, but recruited from Tulane University in New Orleans. In this post he employed many staff from Tulane University – and his selection of Chiefs of Units was of doubtful value. Ken was an intelligent epidemiologist, but somewhat arrogant and proclaimed RECS would solve major public health problems of the world. In an established entity like WHO, this antagonized the existing personnel. RECS was an expensive Division – consisting of eight Units, about 34 Professional and around 15 General Service staff. As is the practice of UN agencies, there are quotas of staff from different countries that were not to be exceeded – and the rumour was that Tulane University was also to be allotted a quota in view of the numerous appointees from its ranks to RECS.

Since I was from India, and had a degree from a well-known Institute in the US – I should have been selected without any problem. My boss-to-be – Socrates Litsios, an American, visited New York often since he was from there. He interviewed me – however we had set the location to meet at the Port Authority Bus Terminal without further specifying the exact location. Afraid that he would miss me I hung around one of the entrances near a subway station. Around our appointed time, a gentlemen came up to me and declared “Dr Ray, I presume”. It reminded me of Stanley and Livingstone in Africa when the former – in search of the latter – extended his hand and exclaimed “Dr Livingstone, I presume”. I suspect the same logic was applied in my case, there were not many people in the Port Authority terminal that day, and even fewer of us were Indian.

When I reported for duty, I was pleasantly surprised by the informality of RECS and the friendliness of the people since the majority of them came from academia. The offices were assigned by grade and only P5 staff had an individual office while we, the plebeians, had to share with a colleague. Also, if we were below P4 we were allotted four-legged chairs – P4 and above could have chairs with a single leg on rollers. The atmosphere was very sociable and we all were thankful that we were not in the main building since we could have seminars outside on the grass – in the summer, of course – and we brought our sandwiches for lunch. The DG had a conference on a technical subject every month – but only P4 and above were admitted – that left us out.

One story concerns Jean-Paul Auffray of France – who was coming to join the Numerical Analysis Unit – and whose brother was a pop singer of some renown. He arrived with his girlfriend – clad in blue jeans – and the guards in Reception would not let them go to the V Annex to meet Ken Newell. So, the two of them proceeded to sit on the floor in front of the Reception and started singing “We want Ken Newell”. The poor guard was so flustered he called Ken Newell’s office in order to avoid any further problem. Jean-Paul Auffray organized parties on the 8th floor of the main building at weekends – and they were sell-outs. Previously, WHO had not seen anything like that before. In the V Annex itself, a few of the offices on the ground floor had windows opening on to a grassy slope and some of the female staff could be seen on them sunbathing in the summer – in their underwear. One of our colleagues – a statistician – was promoted to P4 and immediately proceeded to propel his newly acquired chair on rollers along the corridor with invitations to any female staff to jump into his arms from the staircase.

In other words, it was a golden age for many of us in RECS. However, Dr Mahler, who apparently was not chosen for a Unit chief post in RECS, was then appointed as our ADG. RECS senior staff undertook a lot of travel without leading to any tangible results at the country level. Dr Candau was getting fed up and instructed Dr Mahler to wind up RECS by 1971 – an existence of only five years. Many of the staff left WHO, some were absorbed into the Division of Strengthening of Health Services (SHS) or other units. Surprisingly, Ken Newell was appointed as its director.

My memories of the V Building go back to the 1980s and my first years with WHO, as a staff member with the Special Programme for Research and Training in Tropical Diseases (TDR). I was fortunate to work in the V Building at that time. In an innovative management initiative, several of the TDR staff who had disease-specific responsibilities worked with and within the corresponding WHO disease control
programmes, thereby providing a framework for good coordination between these programmes. Consequently, I was assigned an office in the V Building where I worked in WHO’s Malaria Action Programme (MAP) – and with the privilege of having two Directors!

This arrangement worked well in general and in my own experience it was beneficial in several ways, not least in easing the transfer from University to WHO, two very different professional worlds. The daily contact with the expert malariologists was instructive and helpful, and long-term friendships arose in the collegial environment that prevailed.

The V Building provided an agreeable setting for the staff, with relatively spacious offices, large windows and light colouring (unlike the main building’s grey and black décor). But progress must progress, so the building has made way for construction of a lengthy tunnel which will, it is hoped, facilitate local traffic.

The report that would lead to the creation and launch of the Onchocerciasis Control Programme in the Volta River Basin Area of West Africa was prepared in the V Annex.

In 1972, the UNDP-funded Preparatory Assistance to Governments Mission to collect data to develop a strategy for the control of onchocerciasis in seven West African countries was underway, staffed by WHO in association with FAO. During a visit to West Africa, Mr McNamara, then head of the World Bank, was moved by the extent and impact of the disease on the impoverished populations living near the fertile areas around rivers where it was rampant.

He saw the link between the disease and economic development of those areas. On his return Mr McNamara chaired a meeting of the heads of the agencies concerned. Dr Jacques Hamon then working in the Vector Control Unit was sent to Ouagadougou to accelerate the work. I was asked to go to Ouagadougou to replace the Administrative Officer who wished to leave. The Bank planned to utilize the report of the Mission to mobilize the funds needed to finance the Programme. After a few months in Ouagadougou, I returned to Geneva with Dr Hamon to work on this report and we were housed on the lower floor of the V Annex.

The basic report was short – only about 80 pages – but there were 30 annexes covering the geography, the parasite, the disease, epidemiology, costs, proposals for the socio-economic development of the areas freed from onchocerciasis, and including maps diagrams and photographs. All in English and French and all in the days before computers! We were literally camped in the Annex – working hours were flexible to say the least – field staff and consultants from the other agencies, such as geographers and economists, came and worked with us, often leaving late in the evening.

Our office space was limited and there were piles of paper everywhere. A specific date had been fixed by the Bank for the report to be issued – 20 August 1973 – and the Bank was rather nervous about WHO’s ability to deliver. Staff from its West Africa department descended from time to time to check progress. The financial people would not understand the science they said but would take into account grammar and spelling! A different era indeed!

Dr Norman Howard Jones, then head of Publications, agreed to edit the report and he came across to the Annex where he was rather shocked by the working conditions. He intervened and miraculously overnight, tables and cupboards were delivered and order could be established. The Printing services at WHO had been rather taken aback at this mass of documentation, so Dr Hamon went and explained the whole enterprise and they were completely converted to the cause, really cooperative and yes, the deadline was met. Once the Programme was launched, we left Annex V and a small support unit was set up, housed in the main building.
Newly arrived in WHO in the early ‘70s, my wife and I took French lessons in the V Annex, provided by the Organization after working hours. Whilst waiting for the bus after the lessons, the excellent French teacher would go off the official curriculum and she would teach us “street” French. Certainly not WHO-approved, nor politically correct perhaps, but extremely useful to learn.

The number 8 bus served the WHO building from the Avenue Appia, however there was no road link from WHO to the Oecumenical Centre or the new ILO building. In the early 1980s in order to connect the roads, the Route des Morillons was extended to join with Avenue Appia. The V building had to be truncated at its lower end – and WHO lost 18 offices – to make way for the new extension.

After we moved out of the V building, it housed many other programmes e.g. Tobacco control. In the late 1990s, it was converted to a refuge for asylum seekers in Switzerland, and finally it was closed and torn down to make way for the road tunnel that is being constructed from the motorway to the Place des Nations. I still feel nostalgic when I pass the construction site.

Compiled from contributions by many former WHO staff

A plea to our readers, we would love to receive your stories and anecdotes from the Annexes, more about V if that is where you worked, but especially tales from X, L, M, and C, and also Avenue Louis Casai (not officially a WHO annex, but we cannot have former TDR staff missing out on the opportunity).

All stories will be published anonymously, as have these V Annex reminiscences.

We wish to thank our committee member Laura Ciaffei for proposing this series of articles.

ASTRONOMY

The skies for January–June 2022

The evening skies for the first half of 2022 are almost completely devoid of bright planets. By chance, for most of the period Venus, Mars, Jupiter and Saturn are all in the morning sky. However, Mercury puts in a couple of fleeting evening appearances. The closest planet to the Sun is quite difficult to spot as it can only ever be seen in twilight, precisely because it is always close to the Sun.

You have to look for it on those evenings when it is farthest from the Sun as seen from Earth, which in this period is around 7 January and 29 April. For a week or two on either side of those dates start looking for it quite close to the horizon about half an hour after sunset in the twilight where the Sun has just set. You need both a good, low horizon and a pretty clear sky. Mercury appears as a bright star, but because the sky background is bright it is tricky to see.

This is where sky mapping phone apps come into their own. All modern smartphones will run them, and you can simply hold your phone up to the sky and it will show you what stars and planets are visible in that direction. They are particularly useful for finding Mercury in a bright sky, as they show you exactly where to look.

For more information about what is in the sky, go to the Society for Popular Astronomy’s website, www.popastro.com.

Article kindly provided by the British Society for Popular Astronomy
INFORMATION AND ADVICE FOR SENIORS LIVING IN THE PAYS DE GEX

Local Information and Coordination Centre for seniors living in the Pays de Gex (CLIC)

CLIC represents above all else, a place of welcome, listening and providing guidance. It has been designed not only for retirees, pre-retirees, their families, but also for professionals, elected officials, volunteers, etc. Its main objective is to help improve your daily life by centralizing and coordinating the information and contacts you need. CLIC therefore ensures a personalized and cost-free welcome whatever the origin of the request, whether it emanates from the person concerned, their family, social services, the attending physician, a medico-social structure or hospital. However, because these actions are financed by funders in the Ain Department, please note that the preventive actions are restricted to the inhabitants of the Pays de Gex, and might also be difficult to access if you do not speak French.

Essentially, you will find information and advice at CLIC in the following areas: home care and assistance services, health services, financial assistance, social and medico-social establishments, meals-on-wheels, adaptation of housing, assistive technology aids, taxation, legal protection measures, leisure activities, user and family associations as well as existing mechanisms to support people with memory disorders and family carers.

CLIC also provides the free loan of medical equipment (wheelchairs, walking frames, bath seats, etc.)

CLIC is there to guide you, help you in your research and answer your questions on various subjects (temporary or permanent accommodation establishments for independent or dependent seniors).

CLIC identifies and/or organizes actions in favour of "Ageing well" throughout the year, in the form of workshops and conferences: memory, diet/nutrition, stress management, sleep, maintaining balance and fall prevention. Every two years it organizes an exhibition for seniors, bringing together all the players in the area.

The CLIC team of professionals welcomes you Monday to Friday from 9 a.m. to 12 noon. and from 2 p.m. to 5 p.m., Note: on Tuesday mornings and Friday afternoons it is by appointment only, at Les Terrasses de Chevry, building D, 29 rue Saint Maurice, 01170 Chevry.

Contact by e-mail: clic@paysdegexagglo.fr

You can call CLIC by phone: 04 50 41 04 04

Michèle Evans

NEWS FROM WHO

Highlights of news from WHO

• In mid-August, a group of researchers started a new investigation into Long Covid with the aim of understanding what are the core outcomes for patients living with Long Covid.

• On 25 August, WHO and Imperial College London announced in The Lancet that the number of adults aged 30–79 years with hypertension has increased from 650 million to 1.28 billion in the last thirty years, according to the first comprehensive global analysis of trends. High blood pressure can be prevented by: reducing salt to less than 5g/day; avoiding
saturated fats and trans fats; quitting smoking; reducing alcohol; eating fruits and vegetables regularly; and being active.

- On 26 August, Governments from the WHO African Region at the 71st Regional Committee for Africa committed to ending all remaining forms of polio and presented a scorecard to track progress towards the eradication of the virus.

- WHO has been sending health supplies kept at the International Humanitarian City in Dubai, United Arab Emirates, to Afghanistan, Ethiopia and Sudan on planes provided by the Governments of Pakistan, the United Arab Emirates and the State of Qatar. The Director-General and the Regional Director for the Eastern Mediterranean made a visit to Kabul in mid-September and met with the Taliban leadership to discuss the health situation in Afghanistan and the needs of Afghan health workers.

- The WHO Hub for Pandemic and Epidemic Intelligence in Berlin was inaugurated on 1 September by the Director-General and H.E. Dr Angela Merkel: the special event also recognized her outstanding leadership in global public health.

- On 2 September, WHO launched a comprehensive global status report on the public health response to dementia which details progress made since the publication of WHO’s Global Dementia Action Plan in 2017. Currently, more than 55 million people are living with dementia worldwide, more than 60% of whom live in low-and middle-income countries. The number of people living with dementia is expected to increase to 78 million by 2030.

- On 3 September, WHO, UNDP, UNEP and UNICEF launched a Compendium of WHO and other UN guidance on health and environment, https://www.who.int/tools/compendium-on-health-and-environment/frequently-asked-questions/ which provides easy access to practical actions for practitioners to scale up efforts to create healthy environments that prevent disease.

- On 5 September, at the G20 Health Ministers’ Meeting in Rome, Italy, the Director-General reminded delegates of WHO’s global targets to support every country to vaccinate at least 10% of its population by the end of September, at least 40% by the end of the year, and 70% of the world’s population by the middle of 2022. As the largest producers, consumers and donors of Covid-19 vaccines, these Ministers hold the key to achieving vaccine equity and ending the pandemic. On 29 October, the Director-General and the Duke and Duchess of Sussex signed an open letter to the G20 requesting the leaders to meet their Covid-19 vaccine commitments.

- On the 20th anniversary of the 9/11 tragedy, the Director-General accepted on behalf of WHO a seedling from the Survivor Tree – a lone pear tree that survived the collapse of the Twin Towers and has been nursed back to health.

- In mid-September, the Director-General and the Regional Director for the Eastern Mediterranean Region, visited Beirut to discuss the health system challenges facing the Lebanon following the repercussions of the Beirut Port explosions in August 2020 and the ongoing Covid-19 pandemic. The Central Drug Warehouse which was destroyed in the blast has been renovated.

- On 20 September, former UK Prime Minister Gordon Brown was appointed as WHO’s Ambassador for Global Health Financing.
Prior to the International Week of Deaf People from 20–26 September, the first ever World report on hearing was launched on 15 September, together with a handbook on HEARING SCREENING: considerations for implementation which provides guidance on how to undertake hearing screening in newborns and infants; school-based ear and hearing screening; and hearing screening in older people.

On 24 September, a new story book to help children stay hopeful during Covid-19 was published My Hero is You 2021: how kids can hope with Covid-19! – it is a sequel to the first book published in April 2020 and is aimed primarily at children aged 6–11 years.

On 27 September, a ceremony took place to mark the construction of the WHO Academy’s campus in Lyon, France, jointly hosted by Emmanuel Macron, President of France, and the Director-General.

The 2021 Essential Medicines List was published on 29 September. It prioritizes access to diabetes and cancer treatments. On 12 November, a new WHO report, in the lead-up to World Diabetes Day on 14 November, highlighted that insulin is still out of reach for many living with diabetes.

On the occasion of the International Day of Older Persons, the Global campaign to combat ageism organized the first international screening of the documentary film Duty Free. The film tells the story of a 75-year-old woman who gets fired without cause from her lifelong job as a hotel housekeeper. The documentary not only gives visibility to the issue of ageism against older people in the labour market but also exposes the economic insecurity that ensues and shapes the future of many older people worldwide. This event is part of the initiative Ageism through the ages that the global campaign to combat ageism ran from 1 October (International Day of Older Persons) to 20 November 2021 (World Children’s Day) to give focused attention to ageism as it affects different age groups.

On 6 October, in a historic moment, WHO recommended the widespread use of the RTS,S/AS01 (RTS,S) malaria vaccine among children in sub-Saharan Africa and in other regions with moderate to high P. falciparum malaria transmission. More than 260,000 African children under the age of five die from malaria annually.

In honour of World Mental Health Day on 10 October, WHO produced some campaign materials on depression and suicide – World Mental Health Day 2021: Campaign materials, and collaborated with popular digital platforms, including online games, to bring vital mental health messages and tips to people worldwide. For example, WHO has encouraged online gaming companies to invite their users to take WHO’s #HealthyAtHome challenge. WHO’s Mental Health Action Plan was extended to 2030. The new WHO Mental Health Atlas shows the worldwide failure to provide people with the mental health services they need, at a time when the Covid-19 pandemic highlights a growing need for mental health support.
On 13 October, the Director-General honoured the late Henrietta Lacks with a DG’s award to recognize her world-changing contribution to medical science. Henrietta died of cervical cancer on 4 October 1951, aged 31 years. Examples of her tumour – the “HeLa” cell line became a scientific breakthrough. The cells were mass produced, without recognition to her family. In addition to the human papillomavirus vaccine, the HeLa cells have allowed for the development of the polio vaccine, drugs for HIV/AIDS, haemophilia, leukaemia, Parkinson's disease, breakthroughs in reproductive health, research on chromosomal conditions, cancer, gene mapping, precision medicine and in studies responding to the Covid-19 pandemic.

World Sight Day was celebrated on 14 October, with the theme this year of Love Your Eyes, https://www.iapb.org/world-sight-day/2021-photo-competition/. Globally, at least 1 billion people, the majority being over the age of 50, have near or distance vision impairment that could be prevented.

On 18 October, WHO and the State of Qatar, in collaboration with FIFA, launched a new partnership and project entitled “Healthy 2022 World Cup – Creating Legacy for Sport and Health”. At the event, football champion Didier Drogba from Côte d'Ivoire was appointed as WHO Ambassador for Sports and Health.

On 28 October, WHO launched the third edition of the Health for All Film Festival.

On 29 October, WHO announced that a single candidate had been proposed by the deadline set by Member States for the election of the next Director-General – Dr Tedros Adhanom Ghebreyesus, the incumbent DG.

On 9 November, WHO and the International Organisation of the Francophonie signed an agreement to outline common areas of work on universal health coverage, malaria control and the WHO Academy.


The Second Meeting of the Parties to the Protocol to Eliminate Illicit Trade in Tobacco Products was held during the week of 15 November. On 16 November 2021, WHO released the fourth WHO global tobacco trends report showing that there are 1.30 billion tobacco users globally compared to 1.32 billion in 2015. This number is expected to drop to 1.27 billion by 2025. Sixty countries are now on track to achieve the voluntary global target of a 30% reduction in tobacco use between 2010 and 2025: two years ago only 32 countries were on track.

The World Health Assembly gathered for a special session from 29 November to 1 December to consider developing a WHO convention, agreement, or other international instrument on pandemic preparedness and response.

WHO has been making public calls for experts to be part of the new Scientific Advisory Group for the Origins of Novel Pathogens (SAOG). The Group will advise WHO on the development of a global framework to define and guide studies into the origins of emerging and re-emerging pathogens of epidemic and pandemic potential, including SARS-CoV-2.

On 27 November, in their six-month accountability report, the former Co-Chairs of the Independent Panel for Pandemic Preparedness and Response – Helen Clark and Ellen Johnson Sirleaf – provided a blunt assessment of uneven progress as the pandemic continues to cause illness, deaths and economic losses. Their findings were presented in a new report entitled Losing Time: End this pandemic and secure the future, during a Chatham House event, https://theindependentpanel.org/.

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

Sue Block Tyrrell
READERS’ LETTERS

EMRO – A potted history and fond memories. Some more memories.

The article on the early years of EMRO (QNT 125) reminded me of my temporary assignment in Alexandria. I have fond memories of the six months, January to June 1972, I spent at the Regional Office headed at the time by Dr Taba.

I was sent to EMRO as an interim "Personnel Officer" by Jean Brouland, Head of Personnel at Headquarters. I was made very welcome by the extremely competent and multi-lingual staff of EMRO’s Personnel Office. While there I became friends with John Morgan (BFO), with Drago Savic, and with many others.

The Office organized a tour for several colleagues, from Cairo to Luxor by train, and the fabulous Valley of the Kings. We could not visit Aswan, then a military zone, as Egypt was still at war with Israel.

I also had the opportunity to visit the Cairo Museum and some of the pyramids near Cairo. Outside of my duties at the Regional Office, I took advantage of the free afternoons to advance my thesis on trade-unionism at WHO and other United Nations organizations, for a doctorate in public law at the University of Grenoble, by correspondence.

I finished my interim at EMRO at the end of June 1972, and returned to my post in the Personnel department at WHO headquarters in early July.

Yves Beigbeder

The article on EMRO awakened warm memories of my young days in the Alexandria office... the rushes on pouch days, the so called “long days” (Tuesdays and Thursdays), often stretching from 8am to 8pm and broken only by a sandwich at one’s desk. I recall that the bell to announce the RD’s arrival also served to send staff chatting in the corridors back to their offices!

There was excellent local produce but very few imported goods (Russian butter was one treat). Swiss chocolate has never tasted as good as it did in Alexandria. I remember taking a box back for the team I was working with and one of them sweetly asking me if she could take a piece home for her mother...

My taste for caviar was born at the receptions and enhanced at a Regional Committee session in Teheran: I returned with a tin from which friends and I happily ate spoonfuls...

As my first Christmas there approached, I remember the kindness of colleagues enquiring about my plans, anxious that I should not spend Christmas Day alone. People from many countries had sought refuge in Egypt – Greeks, Armenians, Italians, White Russians – and the population of Alexandria was very multicultural. Christmas was just one of the traditional holidays celebrated: for example, with Muslim friends we celebrated Eid el Fitr, with Coptic and Greek friends the Epiphany, etc.

The then Nursing Adviser held New Year’s Eve parties attended by many staff including the RD and the festivities continued throughout the night with different groups heading to night clubs, the Yacht Club, or the Syrian Club and finally breakfast, often in a colleague’s apartment.

Back in HQ, when an EMRO Regional Committee session had to take place in Geneva on one occasion, all the HQ staff who had served in EMRO were invited to the reception.

Also, when following my retirement, I was in Cairo visiting former colleagues, I was invited to attend the inauguration of the new Regional Office. One WHO, one family indeed.

Rosemary Villars
Lisa’s School Project

In July 2021 I was lucky enough to travel to Kenya with our eldest son (Alex) and family and our friend Didier Ortelli and his two boys. All nine of us have been supporters of Lisa's School Project in Samburu since its inception and we were very happy to take nine large suitcases of supplies for the school and, of course, toys and games. Everyone was delighted to see us as they had not had any visitors for two years. We were all very impressed with how the school is run and we feel confident that the funds donated are well-used.

I wrote about the origins and ongoing work of the Project in the October 2019 issue of the ASFM Quarterly News. Briefly the school has 60 pupils between 3 and 5 years old, a feeding programme and, more recently, thanks to the generosity of donors, has expanded to cover some expenses of the neediest people in the community.

For example, the project now sponsors a few girls from the poorest families into further education (it is common practice for girls to be married at 14 since their families cannot afford to keep them) and is providing sanitary protection for the older girls in the area since normally they do not go to school if they are menstruating. There was recently an outbreak of malaria in the area and the project provided medication. Two blind boys have been operated and now attend a special school, for which the project pays all the expenses. Four old Singer sewing machines have been purchased and women from the area have learned how to make the school uniforms and other items to generate a little income. I could list more ways the project helps the community but space constraints cannot accommodate a longer article. However, if you wish to know more or donate, please do not hesitate to contact me, lynda.pasini@gmail.com or check the website for up-to-date information www.lisasschool.org.

Lynda Pasini

UNIAG – UNITED NATIONS INTER-AGENCY GAMES

UNIAG 2022

The IAG Control Commission has announced plans to reconvene the UN Inter-Agency Games at Copenhagen, Denmark, on 15-18 June 2022. The Games would again be hosted by UN New York / UNICEF and would follow the format developed for the cancelled 2020 event, with the UN City at Copenhagen serving as a hub. Obviously, however, everything will be dependent on the evolution of the coronavirus pandemic and the restoration of normal airline and hotel services.

Further news will be published when received.
READERS’ RECIPES

Tiramisu with lemon curd (serves 6)

Ingredients for the lemon curd:
- 2 eggs
- 1 untreated lemon, for the juice and zest
- 5 cl of lemon juice
- 30 gr of butter
- 70 gr of caster sugar

Lemon curd: Whisk 2 eggs with 70 gr of caster sugar, add the lemon juice (5 cl) and zest, stir and heat the mixture over a low heat in a bain-marie. Add 40 gr of diced butter and stir until the mixture thickens. Let it cool.

Ingredients for the tiramisu:
- 3 eggs
- 100 gr of caster sugar
- 250 gr of mascarpone
- 20 sponge cookies or ladyfinger biscuits
- 5 cl of lemon syrup diluted in 10 cl of water

Tiramisu: Whisk 3 egg yolks with 100 gr of caster sugar until the mixture whitens. Add 250 gr of mascarpone and mix. Beat 3 egg whites until stiff and fold them gently into the mascarpone/eggs/sugar mixture with a spatula.

Preparation: Dip the sponge cookies (or ladyfinger biscuits) into the lemon syrup diluted with water, or a mixture of water and lemon juice and Limoncello. Place a layer of cookies in the bottom of a dish, pour a layer of tiramisu mixture, then a layer of lemon curd mixture. Repeat until all ingredients are used up. Leave to cool and enjoy.

Recipe from a member

NEW MEMBERS

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

New Life Members
- Hanne Fjeldhoff
- Michael Hill
- Eileen Jameson
- Evelyne Kortum
- Kerry Kutch
- Maria Angelita Tan Dee
- Lars Tillfors

Conversion to Life members

New Annual Members
- Abubakar Bala
- Luzviminda Caguiao
- Susan Genoveva Peters
- Anne Sikanda
- Angelo Zaglio
NEWS FROM FORMER WHO STAFF MEMBERS’ GROUPS AROUND THE WORLD

News from around the world

Cooperation among the Associations of Former WHO Staff

The second virtual meeting of our six associations was held as planned on 9 September 2021, and was organized by AFSM-AMR/PAHO. It was decided to establish a Global Council of AFSMs. Its role will not be to "govern" the associations but to coordinate, to reflect on common actions, to share information, to provide mutual assistance and to better represent the community of former staff whenever necessary.

The Council will have no secretariat and its presidency will rotate among the associations after each biannual meeting. We hope that it will facilitate dialogue with Regional administrations and that it will allow us to convey concerns of the AFSMs to the Director General. The next meeting will be organized by AFSM-EMR in March 2022.

Jean-Paul Menu

Regional reports

AFSM-Manila: Extracts from our report to the 2nd meeting of Global AFSMs. Since early 2020 the Covid-19 pandemic has put the Philippines under varying levels of quarantine and restrictions This required changes to our plans, nonetheless, our efforts continued in important areas.

To promote/protect rights/best interests of our members, we assisted them with the launch of the DCE app, with the new SHI submission requirements, and helped complete the file on missing CEIs in WPRO (26 retirees living in 12 countries). In addition, we reached out to members/families to assist them in complying with CE submissions, despite the fact our association has no official mandate to deal with Member States other than the Philippines. For this we coordinated with DAF/WPRO to be able to connect with Country Offices. Our submission was copied to WPRO as certain actions were the responsibility of the RO.

To foster fellowship our General Assembly was held on 28 April via Zoom and included a Memorial for RD Emeritus Dr S. T. Han; a video on his life and work was shown. Satisfyingly, we had 110 participants, from Australia, Canada, China, Fiji, Hong Kong, Japan, Malaysia, Philippines, Switzerland, and the USA. Furthermore, our Facebook page is regularly updated to share information with members, and communication among members worldwide is maintained through Group Chats.

We continued to provide support to Retiree’s surviving families, and participated in AFICS community projects, supporting frontliners.

Linda Milan (President)
AFSM-PAHO/AMRO: The Newsletter of September 2021 has been published, providing us with another packed, informative, and heart-warming issue.

The Editorial, prepared by AFSM Vice President Hernán Rosenberg, is devoted to the second global meeting of all the AFSMs. This was held virtually in September and hosted by AFSM-PAHO. The report and outcomes of this meeting are covered extensively in this issue.

The *Health Insurance and Pension Update* follows, compiled by Carol Collado, reminding us that the change of seasons brings a new round of ills, only to add to our Covid concerns. Vaccination and masks remain the best advice for Covid. There is important health insurance news for USA-based members. The pension updates covered by Carol have already been covered in *QNT 125*. This article is recommended for any of our own members living in the Americas.

The Newsletter continues with an article *Health Tips: Strong Muscles, Healthy Ageing* by Martha Peláez. Her article is full of sound advice, based on the premise that muscles are the most abundant tissue in the average human body, and that muscle mass loss can make our daily activities difficult. None of us can afford not to read this highly informed piece.

María Teresa Cerqueira takes a step back to reflect on *How I Prepared for and Am Now Doing Since Retirement in 2013*.

Another of the regular *Where Are They Now?* series comes next, by Patricio Yépez, retired in 2004 and still very active in Ecuador.

The amusing series of articles, *Musings of An Ageing Woman* by Yvette Holder continues with Part 2. Hair, or lack of it, will be familiar to some of us!

Gloria A Coe follows this with her thoughtful article *Shaping Our Story on Our Terms*, in which she reviews, reflects upon, and analyses Atul Gawande’s book *Being Mortal: Medicine and What Matters in the End*.

A *Two-track Approach on COVID-19 to Save Lives is What We Need Right Now*, is a reprint of the WHO text, authored by the six WHO Special Envoys for the different regions of the world. Concluding, “The urgent call is to save lives…No one is safe until everyone is safe.”

An interesting and informative edition; we recommend that you access it online. The Newsletters can be read in English at [https://www.afsmpaho.com/newsletters](https://www.afsmpaho.com/newsletters) and in Spanish at [https://www.afsmpaho.com/newsletters-spanish](https://www.afsmpaho.com/newsletters-spanish)

Keith Wynn

AFSM-SEARO: Our Association participated and contributed fully to the deliberations of the Global AFSM Council held in September 2021. We were satisfied and whole-heartedly welcome the fruitful deliberations and concrete outcomes of this apex meeting. Notable highlights are establishing the Global Council, the rapport and alliance with fellow AFSMs and, importantly, maintaining collaboration with WHO Administrations at all levels. We again emphasize the need for a dedicated staff member to coordinate with AFSMs on all issues, as a matter of assigned duty, and this is of utmost necessity at Regional Office level.

Building on the Director-General's keen interest in the welfare of retired staff members, we hope that this can be reinforced, and we look forward to AFSM/HQ's continued efforts.

AFSM-SEARO continued to be proactive in its activities in servicing the interests and needs of retiree colleagues, not only on pension and SHI matters but also on matters of well-being and welfare. Towards this end, the Executive Committee met in early-November (for the first in-person meeting of the year), and discussed these matters.
A meeting with the Regional Staff Association was held to strengthen the existing collaboration and synergize our efforts in the interests of retired staff members. A sense of belonging was imparted which would further forge close working relationship in these efforts.

A meeting with SEAR Regional Administration was also held, and an immediate outcome was the designation of a staff member as focal point to deal with AFSM and retired staff member matters. Though we have been provided with office space, access is still not possible due to Covid-19 restrictions. This and the present absence of IT support continue to be our dilemma, nevertheless AFSM-SEAR continued its generic activities, and reaching-out to retiree colleagues on specific matters.

We look forward to continuing cooperation and collaboration all round. With the 2021 soon coming to an end, we look forward to a New Year with more optimism and opportunities.

AFSM-SEAR takes this opportunity to wish our AFSM colleagues and all our retired staff members and families good health and all the very best in the New Year and extends the Seasonal Greetings.

**M.R. Kanaga Rajan** (President, AFSM/SEAR)

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**AFSM-EMRO: Conference room in EMRO named after Dr Wahdan.** Dr Mohamed Helmy Wahdan, who sadly passed away on 24 December 2020 at the age of 87, has been remembered and honoured in a well-deserved gesture initiated by Dr Ahmed Al-Mandhari, the Regional Director.

On 14 September 2021 the Regional Director named one of the EMRO conference rooms in honour of Dr Wahdan, in memory and recognition of his long and devoted service to the objectives of the Organization.

Dr Wahdan was hard-working, humble, kind-hearted, and helpful. A good teacher, he had a special relationship with each and every one of those he worked with. For three decades he was a figurehead in setting the agenda for the control of communicable diseases, and polio eradication, in the Region and beyond.

Dr Wahdan, trusted and loved by staff, was the President of the EMRO Staff Association. Furthermore, being the Dean of the School of Public Health in Alexandria and closely connected to the Faculty of Medicine, he was a great asset to all EMRO Staff. He was able to direct patients to efficient and specialized physicians, taking any steps necessary to ensure that the most appropriate health care was provided.

He was the Special Advisor to the then Regional Director, Dr Hussein A. Gezairy. Dr Wahdan was also a personal counsellor to all staff; he would listen to their problems and take whatever steps possible to resolve them.

A loving father, not only to his own children but also a father figure to the children of all staff members. This reminds us all that we should not hesitate to acknowledge, appreciate, honour and reward such great colleagues during their presence with us. May his soul forever rest in peace.

_Hanaa Ghoneim_ and _Sonia Miskjian_
AFSM-Africa: AFRO Retired but Not Tired: Summary report of the first General Assembly of AFSM-AFRICA: During the second quarter, the Association of the African Region (AFSM-AFRICA), organized three technical meetings, two on Covid, and one on the publication project of a group of retirees on life at WHO. It also continued the process of registering the headquarters in Congo Brazzaville.

The first meeting on Covid was moderated jointly by Dr Raji Tajjudeen from the Africa CDC and Dr Richard Mihigo from WHO AFRO. These two speakers reported on the lessons learned in mobilizing member states on the Covid-19 pandemic and on the vaccine adoption process.

In the absence of local manufacture of therapeutic products and medical equipment, the Africa CDC has involved member states to develop a continental strategy, in particular by launching a partnership for the sustainable manufacture of vaccines (PAVM), and the creation of a manufacturing ecosystem at the continental level. All the strengths of the African Union – NEPAD, economic affairs and transport – will be put to good use.

The WHO Regional Office for Africa has been working on the introduction and adoption of the vaccine in Africa where the situation is very alarming. To date, Africa has received less than 3% of the doses administered worldwide. The 620 million doses of COVAX planned for 2021 have been reduced to 470 million to be provided in 2021, i.e. coverage will be only 17% at the end of 2021.

The second technical meeting focused on the contribution of former WHO staff in the fight against Covid at the country level. In Algeria, this is how Dr Mohammed Belhocine and his colleagues created an informal group of experts to support national authorities in the fight against Covid-19. Among other things, they used the media to stress their points of view and develop a Covid Tracker application for monitoring epidemiological investigations, and thus improve the management of the pandemic. The official recognition of their action resulted in their group being co-opted within the National Scientific Council housed in the Presidency of the Republic.

In Togo, Dr Paul Assimawe Pana and his retired WHO colleagues were automatically integrated into the official coordination structures against Covid. Their experiences at WHO in emergencies and epidemics facilitated the drafting of national guidelines for communication, outreach, and mobilization within the community.

The third meeting was that of the Panel of Authors. A group made up of colleagues who have already published their life stories and other books, looked at the methodology to stimulate and encourage all those who may envisage sharing their professional experiences to improve health development in Africa. A call for articles is open to all members wishing to contribute to the publication of a communal publication, in French and English, of approximately 300 pages, by June 2022. Articles should be between 800 and 5000 words, and be submitted to Keita Bah: kaoukeita@yahoo.fr. Support sessions for authors will be organized if necessary.

News from the executive committee: The official registration of AFSM-AFRICA was published in the official journal of the Republic of Congo, (No. 40, Thursday October 7, 2021, 63rd year). The process of opening the Association's bank account is well advanced, we hope that by early 2022 this will be completed. A website has been created and is currently being improved.

Distinction: We are proud and honoured to learn that our colleague, Professor Mohammed Belhocine, has been proposed by Algeria, his home country, for the post of Commissioner for Education, Science, Technology and innovation within the African Union.

Kalula Kalambay (AFSM-AFRICA Coordinator)
Solange Kouo Epa (AFSM-AFRICA Secretary)
## IN MEMORIAM

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

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The deaths were also announced of the survivors of former staff members: Acham, Wai Kin; Ashkar, Juliette; Carbon, Maria; Daw, Khin Khin Lay; Elsa Nelly, Boffi; Farina, Giovanni; Fernando, Nalleperuma; Foldes, Margit; Gilad, Chaia Dahlia; Gomez, Ana Lucia; Henriksen, Ole Kuhnel; Hussein, Mohamed; Mahoungou, Maria Bernadette; Payne, Theresa; Pelaez De Ochoa, Amparo; Richardson, Joan Margaret; Sestito, Mario; Sobral, Joaquina Dos Santos; Tomero-Alarcon, Rafael.

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1 The present notification of deaths was gratefully received from UNJSPF and covers Q3 2021. 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.
Shaik Khader Noordeen, born 1 July 1933 in Keeranur, Tamil Nadu, India, died 17 August 2021 in Chennai, Tamil Nadu, India

It is with great sadness that we learnt of the recent passing of Dr Shaik Khader Noordeen at the age of 88.

Dr Noordeen, a renowned leprologist from Chennai, India, was the Director of the WHO Action Programme for the Elimination of Leprosy from 1994 to 1998 – during the crucial years that saw the global roll-out and implementation of multidrug therapy (MDT) which remains, to this day, the main tool for the treatment and elimination of the disease.

Notably, Dr Noordeen strongly supported global efforts to reduce stigma and social exclusion associated with leprosy, by disseminating information on the effectiveness of treatment, and by making it available for free to all those in need through large-scale donations made to WHO.

Prior to that, in 1991, Dr Noordeen had played a crucial role in the adoption of a World Health Assembly Resolution (WHA 44.9) which reaffirmed WHO’s commitment “to attain the global elimination of leprosy as a public health problem by the year 2000”.

After his retirement, Dr Noordeen contributed in many ways to the global fight against leprosy. He led the International Leprosy Association, was a Founding Trustee and Chair of the Sasakawa-India Leprosy Foundation and a Member of the Technical Resource Group of India’s National Leprosy Eradication Programme. Before joining WHO, Dr Noordeen had led the Central Leprosy Training and Research Institute in his native state of Tamil Nadu.

In recognition of his contribution and work, the Government of India honoured him with the prestigious Padma Shri Award.

Dr Noordeen was passionate about leprosy and contributed to transform a disease of neglected people into a solvable public health problem. His legacy inspires all of us to continue the work for the global control and elimination of leprosy.

Ashok Moloo (WHO, Geneva) and Venkata Ranganadha Rao Pemmaraju (WHO, SEARO)

Gordon James Stott, born 16 November 1927 in Bombay, India, died 14 August 2021 in Thonon-les-Bains, France

After graduating in 1950 from the London School of Hygiene and Tropical Medicine, Gordon first worked at the Tropical Hospital in London under Professor Alan Woodruff, before leaving for Assam in India, to work as a Principal Medical Officer in charge of 18 Tea Garden hospitals.

He first joined WHO in 1956 to work on the Nutrition Project in Mauritius investigating anaemia and malnutrition on the island. Then, in 1961, he was appointed as Senior Research Officer and Deputy to the Director of the newly created National Institute of Health and Medical Research in Accra, Ghana.

In 1963 Gordon re-joined WHO to work on malnutrition at the Regional Office in New Delhi, India, and was then posted to Bangkok, Thailand, for a temporary assignment as WHO Representative.
Following the advice of Dr Mani, Director of the Regional Office, Gordon undertook public health studies in London and after graduating, he was appointed as WHO Representative in Kathmandu, Nepal in 1965–66, then moved back to Bangkok as WHO Representative until 1972. He was relocated to WHO, Geneva until his early retirement in 1984, and finally settled down in the lovely Saint-Paul en Chablais, France.

When Gordon left WHO, at age 57, he continued to work with great enthusiasm as a WHO Consultant and devoted much of his time to the development of the WHO Haemoglobin Colour Scale. He worked at home tirelessly, facing the window because the scale was to be usable in places without electrical supply. Gordon would take blood samples from anyone he met – including his colleagues in WHO premises.

During his career at WHO, Gordon wrote or co-authored numerous reports on anaemia, nutrition, helminthiasis and public health in Mauritius, India, Nepal and Thailand and contributed to the improvement of public health in many countries.

Gordon was a Fellow of the Faculty of Community Medicine of the Royal Colleges of Physicians of the United Kingdom and a Fellow of the Royal Society of Tropical Medicine and Hygiene. From 1974–1977 Gordon was Vice-Chairman of the WHO Medical Review Committee and its Chairman from 1977–1984.

Considered a true gentleman, Gordon maintained his traditional values and was highly respected by those who knew him. His kindness, generosity and thoughtfulness knew no bounds and he certainly had a wonderful sense of humour. Gordon, with his wife Nicole, enjoyed a long and happy retirement and spent many winter months in Chiang Mai, Thailand, where they had long-lasting friendships.

He will be very much missed and his life is certainly one to celebrate.

“A life filled with meaning is worthy of rest...”

Chaïm Potok, The Chosen

Nicole, Daniel, William, Corinne and Dominique

Ingar G. F. Brüggemann, born 3 October 1933 in Nordhorn, Germany, died 7 September 2021 in Nordhorn, Germany

Ingar was born in Germany to a dentist father, and had wanted to become a medical doctor but gave up her ambition due to many obstacles. Ingar studied English and German in the hope of becoming a teacher: she was always fond of children and helped many young people throughout her life. Ingar went to Bonn to join the German Foundation for Developing Countries. During this period, she was sent by the Federal Ministry of Cooperation and Development to WHO on a research fellowship. She worked under Dr Victor Zammit Tabona in the Director-General’s Office (Dr M. C. Candau), and was later recruited by Dr Tabona in 1966 – the first German woman to be employed by WHO in a senior position.

Later, Ingar was transferred to the office of Dr Joshua Cohen who worked as policy advisor to Dr Halfdan Mahler, the DG of WHO from 1973 to 1988. Ingar was responsible for evaluation functions, and also fulfilled the functions of Assistant Secretary, and then Secretary, of Committee A of the annual World Health Assembly. My professional connection commenced as her Assistant in this function. She was a marvellous boss in this capacity and covered up my failings whenever they occurred. Ingar was appointed by Dr Mahler as Director of External Coordination in 1985 until 1988 when she was transferred to New York as Director of the WHO office to the UN by the newly elected DG – Dr Nakajima.

After her retirement from WHO, she was appointed Director-General of International Planned
Parenthood Foundation (IPPF), London – the NGO responsible for promoting the reproductive rights of women around the world. With her experience in bringing different political actors together she was very effective. Ingar was then designated by the German Foreign Ministry as its representative on the UNICEF Board. After she retired, she lived in Berlin and always welcomed her friends, young and old, to her home. She moved to a care home for the elderly in Nordhorn, where she passed away shortly before her 88th birthday. She will be missed by her numerous friends and family members.

Dev Ray


Part 2. 1966-2013. An der Sonne Geradeaus (Straight ahead towards the Sun). Published by Rohnstock Biografien, Berlin 2014

Roger Fontana, born 27 January 1925 in Geneva, Switzerland, died 25 September 2021 in Geneva, Switzerland

I first met Roger Fontana during a 3-day symposium in the Aosta Valley, organized by the WHO Medical Society in the mid-1970s. Shortly after his retirement, he came back to see me to appeal against a decision of the Medical Service: he wished to enlist as a United Nations volunteer, but had only recently recovered from a serious illness for which our regulations required a deferral of at least 5 years and so he had been declared unsuitable. After an examination and discussion with his attending physician, I revoked the previous medical decision and declared him fit. He was unquestionably grateful to me for that, and was able to serve for several years in Mali, Cyprus, Jerusalem and elsewhere.

We met again in 1998 when we were both co-opted at the same time to the Executive Committee of AFSM.

Roger had led an extraordinarily varied and rich life. Orphaned very early on, he tried all trades: at the age of 15 he was cabin-boy on a Rhine cargo ship, newspaper seller in the street, door-to-door biscuit salesman.

Later Roger joined Swissair at Geneva airport, where he greeted VIPs. One was Dr Candau, then Director-General, who suggested he joined WHO. Roger told me many times that his years at WHO were some of the best of his life. He had a very optimistic and positive character, and despite the hardships he had endured, he always saw the bright side of things. His eyesight having diminished considerably, instead of complaining, he said to me, I have had good eyesight all my life, now I see less well it does not matter, because I find people are much more considerate. Instead of postponing a task, he would say, what has been done no longer remains to be done.

Roger could speak several languages, which he learned on the job, and could play the violin. He had a prodigious memory, often recited poems to me from school and would sing old songs.

Constantly ready to volunteer at AFSM or AFICS, and also in Geneva groups, he knew so many people. He will be remembered as someone who was dedicated and always willing to help.

I went to visit him in the hospital three days before he died. We chatted for a long time, and he said to me, “You know David, you mean much more to me than a friend, you are a brother.”

We parted on these words, which I found extremely touching. Three days later he had passed away.

He leaves his wife Marlyse, three grandchildren, a great-granddaughter and another great-grandchild on the way, having lost his two daughters.

David Cohen
Roger Fontana

I have never forgotten the warm welcome that Roger gave me when I arrived at WHO in 2000. He was very proud and so happy to work for this great Organization, about which he taught me so much. It was his suggestion that the flags of the member states be hoisted in the main hall during World Health Assemblies.

Very active, altruistic, and always so devoted until late in his life, Roger never complained even though he had known tragedies in his childhood or when he was in physical pain. He was very positive, he had an amazing memory, he loved telling jokes, singing old songs wherever he was, he was a *bon vivant*. One day he said to me: "I am so fortunate to be who I am".

Later and until he died, I spent time with Roger and his wife. They would take out the photo albums and recount their long lives. However, misfortune continued to plague Roger and his family: there was the loss of one of their two daughters in 2018 and then the second died five days before Roger’s own death. He was by then in hospital, and he passed away not knowing that his second daughter had died. She was 58 and Roger 96.

*Michèle Evans*

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**2022 DATES FOR COFFEE/LUNCHES/ACTIVITIES IN THE GENEVA AREA: COVID-19 PERMITTING**

**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. Carl Freeman 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 are able to take place, please contact him at carlfreeman33@gmail.com.

**Geneva:**
- **Cité Seniors:** Please check their website – [www.geneve.ch/fr/cite-seniors](http://www.geneve.ch/fr/cite-seniors) – to find out what activities can take place. In normal circumstances, 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 free call on 0800 18 19 20, or on 022 418 53 61. The Cité is normally 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.
- **CAD – Hospice général:** normally offers many activities for seniors – check their website for what is able to take place – their programme can be found at [www.hospicegeneral.ch/fr/](http://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):** normally organizes lectures on Thursdays – check their website for what is to take place - their programme can be found on their website [www.faag-ge.ch](http://www.faag-ge.ch).
- **Institut National Genevois:** also normally organizes conferences and concerts in Geneva, details of which can be found on their website – [www.inge.ch](http://www.inge.ch), or by telephone 022 310 41 88.
- **Nyon:** The monthly coffee dates are suspended pending a volunteer to organize them. If you would like to take on this responsibility, kindly send a message to aoms@who.int.
Aspergillosis, a little-known infection

Aspergillosis is an infection caused by fungi of the Aspergillus species. *Aspergillus* spores, common in the air, are inhaled by everyone. They are usually harmless, but sometimes these fungi cause a mycosis infection.

**Pulmonary infection**

These mycoses frequently attack the lungs, causing an allergic *bronchopulmonary aspergillosis*, resembling asthma, but not responding to the usual treatments, or an *aspergilloma*, localized in a pre-existing cavity in the lung as a result of a previous disease – tuberculosis, sarcoidosis or other. The spores germinate in this cavity and form a kind of ball. The disease may go unnoticed at first.

Symptoms are usually: weight loss, chronic cough, fatigue, blood in the sputum (haemoptysis). Treatment depends on the size of the lesions and their location. Haemoptysis is a warning sign and may lead to surgical resection.

**Aspergilla sinusitis**

Aspergillosis may also localize in the sinuses\(^1\) and form an aspergilloma, or lead to *allergic fungal sinusitis* or lead to *chronic granulomatous inflammation*, slowly invasive with fever, rhinitis and headache. Possibly with necrotizing skin lesions of the nose or sinuses, ulcerations of the palate or gums, pulmonary or disseminated lesions are also possible.

*Aspergillomas* are usually asymptomatic, and are often discovered during a brain scan or MRI undertaken for other medical reasons. They may cause a slight cough and occasionally haemoptysis. Drainage is usually sufficient in the case of maxillary sinuses, but in the case of sphenoid sinuses surgery is necessary, under general anaesthesia. Access is via the nostril on the affected side, controlled by a CCTV camera and monitor.

*Acute invasive pulmonary aspergillosis* causes a cough, often accompanied by haemoptysis, pleural pain, and dyspnoea. Untreated, invasive pulmonary aspergillosis can progress to rapid and fatal respiratory failure.

*Chronic pulmonary aspergillosis* can present with mild symptoms despite being a severe infection.

*Invasive extra-pulmonary aspergillosis* occurs in severely immunocompromised patients. It begins with skin lesions, sinusitis or pneumonia and can affect the liver, kidneys, brain and other tissues through hematogenous dissemination; it is often quickly fatal.

The diagnosis is made by a culture, detection of specific antigens or fungal DNA in serum or deep respiratory samples, and the appearance of chest lesions on CT examination. Antifungal treatment must be started rapidly.

As can be seen, even mild symptoms of respiratory or nasal origin should not be ignored and the treating physician should be consulted.

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\(^1\) Air cavities located in the face: maxillary sinuses, ethmoid sinuses, frontal sinuses and sphenoidal sinuses all of which communicate with the nasal cavities.

**References**

https://www.pasteur.fr/en > Medical center > Our disease sheets

Swiss Medical Journal, 19 November 2014: Aspergillosis

https://www.mayoclinic.org/diseases-conditions/aspergillosis/symptoms-causes/syc-20369619

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A SURPRISE DISCOVERY

Roman artefacts unearthed in the UK thanks to the construction of a high-speed railway line

Two ancient Roman sculptures, of a man and a woman, have been discovered in the United Kingdom, along with other objects from the Roman era.

The treasures were unearthed during the construction work for the HS2 high-speed railway, at the site of the medieval church of St Mary’s, in Stoke Mandeville, Buckinghamshire, between London and Oxford.

Experts believe that a Roman mausoleum stood here before the Norman church was built. An amazing discovery, as the two busts are almost intact. In addition to the two sculptures, a sculpture of a child’s head and fragments of a glass jug, probably hexagonal, were also unearthed.

"They are extremely significant finds because they are very rare in the UK", said the archaeologist Rachel Wood. "The statues are exceptionally well preserved and therefore you have an idea of the people they depict". Furthermore, the archaeologist added, "these discoveries are a first step to understanding what was on this site before the medieval church was built". The finds are currently being sent to a laboratory for cleaning and specialist analysis.

Even if the statues do not follow the usual classical Roman codes, which is certainly due to the impact with the British environment, the discovery remains really exceptional.

Laura Ciaffei

Experts retrieved an “incredibly well-preserved” hexagonal glass Roman jug – which, though it is presumed to be over 1,000 years old, had large pieces intact – as well as large roof tiles, painted wall plaster and Roman cremation urns.

The team believe that the site – a natural mound, covered with soil to make a taller mound – may have been a Bronze Age burial site. This was later replaced by a square building, which experts think is a Roman mausoleum.
The new AFSM office, L 71 on the ground floor of the L-building. Slightly smaller than our old home, however we are not alone within WHO in having to adapt to new standards of accommodation. Maybe one day we can “go back home”