



QUARTERLY News

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

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



The World Health Organization and the U.S. Environmental Protection Agency have signed a five-year Memorandum of Understanding. Dr Tedros is seen holding the WHO copy.

More details of this and other WHO activities in *Highlights of News from WHO* on page 12.



The series of articles

Anecdotes from the Annexes

continues on page 17.

In this issue you can enjoy stories from L, Louis-Casai and X, plus some more from V.

And to set the scene for the X Annex anecdotes, we have some photos of HRP in action, with more on the back cover.

Above: The serious side of HRP.

A riveting meeting about 1982 or 1983

Sitting at the back, from left to right, Tim Farley and Jack Eblen.

Seated at the table, from left to right, Frank Webb, Peter Hall, Susan Holck, David Griffin, and Geoff Waites.

Left: The less serious side of HRP.

The Christmas Party 1997, the theme was 1960s Flower Power.

Associate Director Paul Van Look receiving a big kiss from Peter Hall, wearing his best frock and we believe that's possibly a wig. In the background Luc Bernier is highly amused.

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EDITORIAL

The pandemic at last appears to be weakening in some areas, and we hope that this will become a global trend. In the meantime we trust that you are keeping well.

In this issue we have more remarkable *Anecdotes from the Annexes* for your amusement. In fact, we received so many from Annex X that we will carry some over to the next issue.

That being said, we would still like to hear more from you, our readers. Producing a magazine is a bit like being a radio presenter – one questions whether anybody out there is noticing. Your feedback would be very welcome, including your criticisms. Are our articles interesting or not, are there other subjects that you would like us to cover, or some that you would prefer we drop? One question that occasionally arises concerns the length of the articles: are some of them too long? Or is the length generally about right, or perhaps in some cases too short? We want to ensure that QNT is of interest, so please send a message with your comments to afsm_aoms@who.int or wynn@bluewin.ch. Your help will be appreciated.

Keith Wynn

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

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ACKNOWLEDGEMENTS

We very gratefully acknowledge the invaluable support of the Printing, Distribution, and Mailing Services.

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Health Insurance (SHI): Tel.: +41 (0) 22 791 18 18; in case of absence please leave a message, someone will call you back, or send an e-mail to: shihq@who.int. The HQ SHI Helpdesk is in office L 3. Presently, there is no access for retirees due to Covid restrictions.

Pensions (UNJSPF): Contact by e-mail is no longer possible. **Visitors** between 09.00 and 17.00 Monday to Friday except Thursday, at the **Geneva** office, Palais des Nations, Client Support Centre, Building H, 1st Floor, CH 1211 Geneva 10, at the **New York** office, 4th floor, 1 Dag Hammarskjöld Plaza (DHP), Corner of 48th Street and 2nd Avenue, New York, NY 10017. **Write** via the "Contact us" link on the Fund's website: <https://www.unjspf.org>. **Documents for NY by post, address to:** United Nations Joint Staff Pension Fund, c/o United Nations, P.O. Box 5036, New York, NY 10163-5036, USA. **Documents for NY by courier (DHL, etc.) or registered mail, address to:** United Nations Joint Staff Pension Fund, 37th floor, 1 DHP, 885 Second Avenue, New York, NY 10017, USA. **Documents for Geneva, address to:** UNJSPF, c/o Palais des Nations, CH-1211 Geneva 10, Switzerland. **Telephone: Geneva:** +41 (0) 22 928 88 00 or **New York:** +1 212 963 6931. **See also the list of Toll-Free and local numbers** at <https://www.unjspf.org/toll-free-numbers/>. In the case of **non-receipt of the monthly benefit or the death of a beneficiary**, visit the website: <https://www.unjspf.org/emergency/> for instructions. **Remember to always have your Unique ID number handy when contacting UNJSPF.**

SHI

Key issues discussed at the 21st SHI Global Oversight Committee (GOC) Meeting in November 2021

As usual, I would like to provide readers with a summary of the main issues discussed at the last meeting of the Staff Health Insurance (SHI) Global Oversight Committee (GOC) which took place on 9 and 10 November, 2021. The role of the GOC is to advise the Director-General on SHI management and operations. In particular, the GOC carries out a regular review of the financial status including levels of benefits and contributions.

Both members elected by retired staff (Ann Van Hulle and Thierry Lambrechts) participated in the meeting. ADG/BOS (Raul Thomas) chaired the meeting on the first day and the Comptroller (George Kyriacou) chaired on the second day. Head, SHI (Samantha Bell-Shiers) attended in her capacity as Secretary of the GOC. Other members of the Secretariat also participated.

The main points on the agenda were:

- Compliance and risk management
- Medical adviser and case management
- Global standing committee (GSC)
- SHI rule changes
- Covid-19 tests and vaccines
- PAHO financing of after-service health insurance liability – update of the working group
- Budget 2022–23
- Long-term care

The Compliance and Risk Management Officer presented information on her area of work and explained the enhancements in compliance processes introduced during 2021. These included improvements in the area of processing of claims and information on health care providers. Challenges of dealing with excessive charges from health care providers, whilst at the same time ensuring quality of care, were explained. Examples of huge variations in prices charged for similar procedures were given, particularly in Switzerland. In some cases, the cost of specific surgeries was between two and four times higher than the price charged to those covered under a Swiss insurance company. Other international organizations have similar experiences. There is also great emphasis on fraud prevention and detection. Recent rule changes aimed at preventing fraud have been introduced. Due to the work of the compliance team, the number of fraud cases detected has increased over the past few years. Such cases are referred to Internal Oversight Services for review. SHI, in line with WHO regulations, has a zero-tolerance policy in relation to fraud.

The Committee commended the work performed in the area of compliance and urged continuation of the efforts made.

The Medical Adviser gave an update on his various activities. Many were related to Covid-19 (providing information to SHI teams and participants, guidance on Covid-19 diagnostics/treatment questions including mandatory quarantine and isolation). In addition, the Medical Adviser was also involved in case management and cost-containment in coordination with the claims' management and compliance teams. He also provided guidance on reimbursement of new appliances and off-label medicines.

The Chairperson of the SHI Global Standing Committee (GSC) reported on activities over the past year. The GSC reviews individual cases which are usually of a complex nature. The membership of the GSC has increased to include members from PAHO, in view of its increased workload following the disestablishment of the PAHO GSC Sub-Committee which previously reviewed cases related to that region. Meetings of the GSC have been held via videoconference during Covid-19. This has in fact facilitated quorums for meetings as a larger number of members are able to participate remotely.

The Committee reviewed a number of **proposed rule changes** and submitted its recommendations to the Director-General. It also made recommendations related to reimbursement of Covid-19 tests and vaccinations. When performed for purely medical reasons, PCR-SARS-CoV-2 and Antigen Rapid Detection Tests are reimbursable at 80% subject to a prescription. SHI was confronted with problems related to claims for tests performed for personal reasons which are not reimbursable. Any other Covid tests, including serology and antigen self-tests are not reimbursed. Further information on Covid-19 related reimbursements has since been provided by the SHI Secretariat by means of an information note which is available via SHI-Online. As the situation is rapidly evolving, the SHI rules will be updated at a later date.

The Committee's **Finance Working Group** presented its report. The Working Group had considered measures to address the actuarial deficit for after-service health insurance in the American Region. The idea, initially proposed by PAHO, of charging more to former staff (by means of a second-tier contribution) was not retained. The Working Group also discussed the possibility of expanding to Latin America and the Caribbean region the third-party administrator (TPA) arrangement currently in place for the USA processing of claims. Since the GOC meeting, the Working Group reconvened in January 2022 to pursue discussions on this issue. No decision has been taken as yet.

The Committee reviewed the **SHI budget proposal** for the biennium 2022–23. The main investment will be on IT to replace the current health insurance system which has been in existence for well over 20 years. The Committee endorsed the proposed budget which has since been approved by the Director-General.

Further work is needed on the subject of **Long-term Care**. One of the External Advisers with experience in this area agreed to assist the Secretariat and study some options in this regard. In addition, money was set aside in the budget to engage a consultant to move this project forward. The Committee members elected by former staff will be involved in this exercise.

The next meeting of the Committee will take place in June 2022.

Ann Van Hulle-Colbert

2021 EXHIBITION IN DIVONNE

100 years (+1 due to Covid-19 restrictions) of international life in Divonne-les-Bains and the Pays de Gex

If you missed this exhibition in Divonne last year (see *QNT 125*), or would like another chance to view the material presented there, it is now available as a retrospective catalogue online at:

Web page: https://bit.ly/Divonne-les-Bains_le_Pays_de_Gex_et_Genève_Internationale

PDF: https://bit.ly/Divonne-les-Bains_le_Pays_de_Gex_et_Genève_Internationale_PDF

PENSION FUND UPDATE

UNJSPF Board 2021

The sixty-ninth session of the UNJSPF Board, convened from 22 to 30 July 2021, covered a wide array of topics pertaining to the oversight and optimal administrative, financial and investment management of the Fund. This article will address a few of the salient issues emanating from the session.

Ethics policy

Over the last few years, the atmosphere at the Board was contentious and acrimonious, fuelled particularly by UN participant representatives. Although the Board had adopted the UN “Regulations Governing the Status, Basic Rights and Duties of Officials other than Secretariat Officials, and Experts on Mission” (June 2002) as its code of conduct, this proved insufficient in curtailing the tensions plaguing the Board since 2017. As a result, in seeking a means to bring back constructive collegial deliberations and discussions in a civil and respectful environment, the Pension Board elaborated a detailed ethics policy, including a code of conduct and a declaration to be signed by each Board member, alternate member or representative of a Staff Pension Committee, in advance of receiving Board documents prior to each session.

This document, certifying the Board attendee’s compliance with the new ethics policy, covers points addressing conduct during the Board’s sessions, the issue of confidentiality of the Board’s work, and any potential conflict of interest the attendee could have with Board activities. Article 4 of the Pension Fund Rules and Regulations, accordingly amended and approved by the UN General Assembly (A/RES/76/246), refers to this new policy. In addition, Article 6 has also been amended, with General Assembly approval, to read that “Staff members of the Board secretariat, Pension Administration and the Office of Investment Management of the Fund, and staff

members of the secretariat of each Staff Pension Committee shall not be eligible to be elected or appointed to represent any constituent group in the Staff Pension Committee of any member organization of the Fund, and consequently to serve on the Pension Board.”

In the event that these new measures fail to prevent a disruptive session, the 2021 Board also created the role of an Ethics Advisor to mediate potential ethical problems. Needless to say, the atmosphere at the last Board session was much more collegial given that the previous agitators, operating with a gross conflict of interest as staff of the UNJSPF **and** as Board representatives of UN participants, are now formally excluded from participating in Board sessions.

In addition to the general ethics policy, trading procedures and a personal trading policy were put in place for Office of Investment Management staff to prevent potential conflicts with Fund activities.

Board size, composition and effectiveness

Another important discussion item was the Board size, composition and effectiveness. Not a new agenda item, it had been tabled three times from 2002 to 2006. Each time the Board decided there was no better solution available than the existing one and the General Assembly accepted this conclusion. The sessions, however, had lost some of their efficiency and effectiveness since 2017. This was attributed by some members to the unruly and unethical behaviour of the UN

participant representatives. In any event, the decision had been taken for an outside consultant to review the Board's size, composition, effectiveness and purpose, leading to the Mosaic report discussed at the 2020 session. The review touched upon issues of conflict of interest, confidentiality and code of conduct, giving rise to the elaboration of the ethics policy, and made several proposals for Board size and composition.

After much deliberation, the 2021 Board recommended to keep the Board as it is, with 33 members drawn equally from the three constituent groups (governing bodies, member states, and serving staff) of the UN and specialized agencies. This group, in addition to the four General Assembly alternates, the four FAFICS representatives and the Fund upper management, will attend Board sessions in person while all others will attend virtually, including alternate members, representatives of member organizations with no voting members and secretaries of Staff Pension Committees. These measures will decrease the physical participation from 100 to 59 participants and should foster efficiency and effectiveness.

In the end, the Board size remained the same, but the number of annual sessions increased. With the advent of virtual meetings and their practicality, the Board decided to hold three meetings per year: two two-day virtual ones (in February and April) and a five-day in-person session in July.

Client Services

Retirees and other beneficiaries are the key clients of the Fund. It is to Client Services that we retirees turn for assistance with pension matters, whereas serving staff resort to their respective Staff Pension office for assistance. The services the Fund provides to its clients involve many activities, such as informing clients of their rights and options, responding to queries, managing benefit payments and the right to receive a benefit, emergency fund requests and recalculating pension benefits when a client switches to the local track.

As the number of Fund beneficiaries continues to increase, so will the demand for client services. The Chief Executive of Pension Administration (CEPA) has deemed strengthening the Client Services group of strategic importance. As a result, the CEPA restructured the group to increase the capacity for service delivery and, in doing so, requested additional staffing to cope with the anticipated growth in client demands, and to meet performance expectations. The Board recommended, and the GA approved, budgetary increases for additional posts and the redeployment of existing posts, e.g., from the finance team to Client Services in the Geneva office.

During the Board discussions, it was acknowledged that the Geneva Client Services section (servicing beneficiaries in Europe, Africa and the Middle East) was insufficiently staffed, which likely explains the delays some retirees experienced in receiving assistance. Hopefully, with the strengthening of the client services in both the New York and Geneva offices, the response time to our sundry requests will be shortened. In addition, a new customer relationship management system will monitor the efficiency and effectiveness of these services.

Pension adjustment system

Increases to our monthly pension amounts are determined by the Consumer Price Index (CPI) for the USA if one is paid in dollars or for the country in which we reside if on the local track. Such adjustments go into effect on 1 April of a given year. The Board recommended, and the GA approved, an additional adjustment in the event that the CPI has moved by 10% since the 1 April adjustment. This second adjustment goes into effect on 1 October of the same calendar year.

General remarks

The Pension Fund continues to grow in scope and size. By end 2020, the number of participants had reached 134,632 reflecting a 2.3% increase from the 2019 number of 131,583, while benefit recipients increased from 79,975 to 80,346, or by

0.5%. At 31 December 2020, these included 54,864 retirees, 13,163 surviving spouses, 10,414 children, 1,871 on disability and 34 secondary dependants. Benefits were paid out in 15 currencies in 190 countries.

At end 2020, the asset value was USD 81.5 billion reflecting a 13% increase that year. The 2020 nominal return was 13.40%, slightly trailing the policy benchmark return of 13.44%. The real return was 11.88 % for 2020, well above the minimum of 3.50% required to fund the liability.

A recent asset management and benchmark study recommended decreasing investments in large

capitalization equities, emerging markets and mortgage-backed securities, and increasing positions in United States bonds (government- and investment-grade), small capitalization public equities, private equities, real estate and infrastructure. Such a portfolio restructuring requires increased HR capacity and the GA approved the budgetary requests to that effect.

As it stands, the United Nations Joint Staff Pension Fund is fully funded, well-managed, and in a position to assume pension liabilities for decades to come.

Barbara Fontaine

AFSM

Your Committee's activities during the Covid-19 pandemic (episode eight)

At the time of writing (February), the massive wave of Omicron that arrived at the end of last year seems to be on the decline. There is, however, a scandalous contrast between rich countries, where part of the population is opposed – occasionally violently – to vaccines and health measures, and those countries where vaccination cannot yet begin due to lack of resources. Will Covid-19 become endemic like the flu? The bets are open.

The offices at WHO headquarters remain under close surveillance. Access restrictions and the current lack of space since the obligatory evacuation of the old main building have forced the majority of staff to work from home. Retirees of course, including members of our Committee, still do not have access to the HQ buildings, except for two of our colleagues whom we thank for their dedication.

We are unable to provide coverage of the office, but we are able to receive and respond to telephone messages and emails from our members. For a quicker response, please use email. We also receive requests from non-members: we do reply to them but more succinctly and encourage them to become members.

As you are probably already aware, the important news is the nomination by the Executive Board at the end of January of Dr Tedros, the sole candidate, to lead WHO for the next five-year term. His name will be submitted to the World Health Assembly in May. This is certainly important news not only for global

health but also, more modestly, for our Association and former staff in general. Very recently, during a chance meeting at the entrance to the HQ main building, Dr Tedros assured one of us that he still pays particular attention to strengthening ties with former staff. We look forward impatiently to the health situation improving sufficiently to allow face-to-face meetings again between him and our Committee.

The Committee has continued with its usual activities, in particular the monthly virtual meetings. We have duly considered the three proposals that were raised at the General Assembly in October:

- We are actively pursuing with the senior management of the Pension Fund the possibility of holding an “in-retirement” seminar. This would be an occasion to draw the attention of the Pension Fund to the problems retirees are facing, and the difficulties in obtaining appropriate answers within a reasonable time-frame. The subject of Digital Certificates of Entitlement should be addressed at this seminar.
- We have decided not to invest the funds of the Association in the financial markets, not wishing to put the funds at any risk despite the temptation of greater gain.
- Finally, the possibility of co-opting members residing far from Geneva into the Committee has been approved on a trial basis and its implementation will be entrusted to the next Committee which will be elected in October this year.

The process for the renewal of the Executive Committee will commence shortly. At the beginning of May, we will write to you requesting applications from candidates.

Following the co-option of Edmond Mobio and Ambi Sundaram, we have also had the pleasure of co-opting a third member, Robert Bos. Robert, who ably chaired our last General Assembly, will be our focal point for our relations with WHO in the context of the Decade of Healthy Ageing. We hope that the AFSM will be able to make a modest contribution to the Decade.

At the beginning of March, we will hold the third meeting of the Global Council of AFSMs, bringing together all the associations of former WHO staff in the six regions. Organized by AFSM/EMR, the meeting should shed more light, in particular, on the functioning of our health insurance.

By the time you receive this issue of the *Quarterly News*, all former staff associations are likely to be busy contacting retirees whose 2021 Certificate of Entitlement has not been received by the Pension Fund and whose pension is therefore at risk of being suspended. Our task is relatively easy if the person is a member of the AFSM, but much more difficult, not to say impossible, otherwise. The WHO headquarters pensions team and their counterparts in the Regions will support the associations. The Fund estimates that the adoption of the Digital Certificate of Entitlement will reduce the number of certificates which have not been received. On this subject, we refer you to the article by Barbara Fontaine in our April 2021 issue (*QNT 123*) which explains how to obtain the Digital Certificate.

To end this brief overview of our activities, we should like to add that our presentation at the WHO pre-retirement seminar last November was appreciated and seems to have encouraged several colleagues approaching retirement to become members of the AFSM. As you know, our members are now receiving notification of short-term job opportunities, and we remind you that we would be happy to receive information from those who have taken advantage of them.

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

OUR HEALTH

Ageing of the skin; prevention and care

Skin problems are more common in older people.
With age, the skin becomes thinner, less supple and more fragile.

This skin ageing is also the consequence of external factors:
exposure to UV rays, smoking, pollution, alcohol.

It results in particular in wrinkles, degeneration of the elastic tissue of the dermis, pigmentation disorders, proliferating lesions, etc.

Photoageing

Chronic exposure to sunlight causes ageing of the skin (dermatoheliosis), by destruction of collagen. This leads to fine and coarse wrinkles, a rough, cardboard-like texture, mottled pigmentation, lentigos (freckle-like spots), shallow skin tone, and telangiectasias¹. These spots and moles are

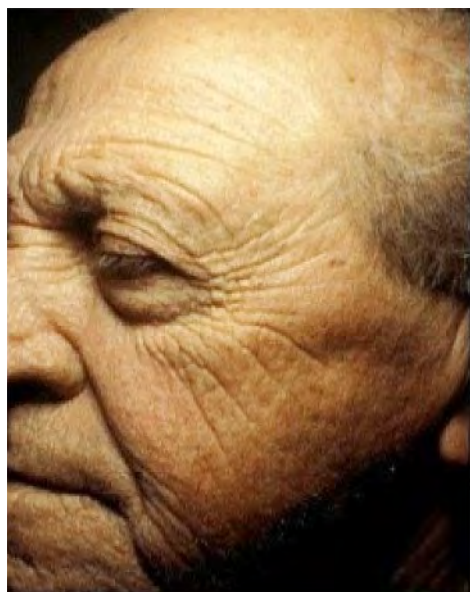


Photo: Barbara A. Gielcrest MD

especially present on certain areas: hands, forearms, face. They are generally not serious, but the spots located on the face, in particular if they look different from surrounding skin and are darker, may conceal a Dubreuilh melanoma² (or *lentigo maligna melanoma*).

¹ Permanent dilation of a small vessel (arteriole, blood capillary, venule) located in the dermis.

² Dubreuilh's melanoma occurs almost exclusively in the elderly, its clinical appearance is that of a spot that extends gradually over several years, most often on the face, cheeks, temples or forehead.

Age spots and benign lentigines (liver spots) are unlikely to deteriorate. It is still necessary to check regularly with a dermatologist that the problem is indeed benign!

How to treat photoageing: since true sunspots are harmless, there is no reason, except cosmetic, to remove them. Liquid nitrogen (cryotherapy) or superficial CO₂ laser can "burn" them off and give the skin a new look.

Keratoses (Thickening of the stratum corneum, or outer layer, of the epidermis)

Seborrheic keratoses (seborrheic warts) are usually wart-like growths that are flesh-coloured, brown, or black in colour and can grow anywhere on the skin, increase in size, and turn red or brown. They may itch or burn. Many patches can be observed close together in one area. They appear especially in areas of friction (folds under the breast, armpit, groin, etc.). They are absolutely harmless.



Photo: Dr P. Marazzi, Science Library

Actinic keratoses³ are raised spots that are the same colour as the rest of the skin. Since chronic sun exposure is directly involved, any exposed body part is at risk, including the scalps of people with baldness!

In the absence of treatment, while some actinic keratoses may disappear spontaneously, others could transform into squamous cell carcinomas (a form of skin cancer).

Basal cell carcinoma (another form of skin cancer)

This is the most common skin cancer affecting people over the age of sixty, especially on the face and neck. At first it looks like a small waxy lump which tends to spread out to form a red or whitish plaque which spreads locally, but does not metastasize.

The treatment is surgical, with a margin of several millimetres of healthy tissue around the cancer. In very superficial forms, dynamic phototherapy also gives good results.

Squamous cell carcinoma, is less common, and develops on the outer layer of the epidermis.

Melanoma

Melanoma can be found anywhere on the body, including in hidden areas (scalp, skin folds, under the feet and between the toes), dark spots that have recently appeared, or whose appearance is changing. Look out for any change in size, shape, thickness, in colour (a mole that gets increasingly darker), or has an irregular shape, or if it starts bleeding or itching. Any of which requires a consultation with a physician as quickly as possible. The incidence of cases of melanoma is steadily increasing. It is the most dangerous of skin cancers



Melanoma (Photo: Getty images)

because it often progresses to metastases. Keeping out of the sun, especially for people who have fair skin that sunburns quickly, is the only form of protection.

Sensitivity to the sun's rays varies greatly among people, and mainly depends on the amount of **melanin** contained in their skin. The skin is classified into six types (I to VI) in decreasing order of sensitivity to sun damage (Fitzpatrick classification of skin types).

Senile pruritus, a disease characterized by itching, is linked to a skin or general condition. It is recommended to apply medications designed to prevent itching, in order to avoid the scratching of lesions which increases the risk of infection. To relieve itching, apply moisturizer daily in case of dry skin, avoid perfumed products. Treatment should be directed at the cause (etiological) when possible. Avoid situations that increase itching: high ambient temperature, dry air, and use of skincare products that can increase skin irritation. Emollients based on petroleum jelly, liquid paraffin (paraffin oil and glycerol) are recommended, several times a day and preferably shortly after washing (shower or bath). Topical use of weak corticosteroids is also recommended.

The venous ulcer is associated with an insufficiency in the return of venous blood, which collects at the level of the legs, hence a feeling of heavy legs, numbness, tingling, edema (swelling), varicose veins.

Brown spots, ochre dermatitis, appear on the skin and weaken it. Reddish patches of varicose eczema appear and cause itching. A blow or intense scratching can lead to the appearance of a raised area: the venous ulcer. For the treatment to work, it is necessary to treat not only the wound but also the cause of the venous-flow problem.



Photo: Getty images

³ Radiation with a chemical impact, e.g. ultraviolet rays

Other common attacks in the elderly: shingles, erysipelas (skin infection), fungal infections, and eczema; Another condition, bullous pemphigoid (generalized blisters on the skin) is rare, but serious.

Skin care

The basis is gentle cleansing and the use of oleaginous moisturizers. It is necessary to replace the traditional soaps by substitution soaps with neutral pH. If a traditional soap is nevertheless used, choose a soap rich in vegetable-oil, or a glycerine soap. Baths and prolonged exposure to hot water should be avoided. After washing, moisturizing body lotions and creams can be used.

In conclusion, if any suspicious or evolving mark on the skin is noticed, do not hesitate to consult a specialist.

Dr David Cohen

Sources:

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Last full review/revision Dec. 2021. Content last modified Dec. 2021

Vieillesse cutanée
Physiopathologie et thérapies innovantes
(*Skin ageing: Pathophysiology and innovative therapies*)
Médecine/Sciences. Volume 36, Number 12, December 2020
<https://www.medecinesciences.org/en/articles/medsci/full.html/2020/11/msc200325/msc200325.html>

Vieillesse cutanée et pathologies dermatologiques fréquentes du sujet âgé
(*Skin ageing and frequent dermatological pathologies in the elderly*)
Dr Ferial Fennira
Dermatologist, Hôpital Rothschild, 5 rue Santerre, Paris 75012, France <https://bit.ly/3Jy9e0u>

NEWS FROM WHO

Highlights of news from WHO

Executive Board, 150th Session, 24–29 January

This session was held as a hybrid with 31 of the 34 Board members present in the auditorium in the new building at HQ, and with other delegates online, under the chairmanship of Dr Patrick Amoth, Acting Director General for Health of the Ministry of Health for Kenya. The Board had a very full agenda with 54 items and sub-items. In his extensive opening remarks to the Board, the DG outlined five priorities for the world and for WHO going forward:

- To support countries to make an urgent paradigm shift towards promoting health and well-being and preventing disease by addressing its root causes.
- To support a radical reorientation of health systems towards primary health care, as the foundation of universal health coverage.
- To urgently strengthen the systems and tools for epidemic and pandemic preparedness and response at all levels, underpinned by strong governance and financing to ignite and sustain those efforts, connected and coordinated globally by WHO.
- To harness the power of science, research innovation, data and digital technologies as critical enablers of the other priorities – for health promotion and disease prevention, for early diagnosis and case management, and for the prevention, early detection, and rapid response to epidemics and pandemics.
- To urgently strengthen WHO as the leading and directing authority on global health, at the centre of the global health architecture.

The full texts of the DG's opening and closing remarks can be found through these links:

<https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-150th-session-of-the-executive-board-24-january-2022>,

and

<https://www.who.int/director-general/speeches/detail/who-director-general-s-closing-remarks-at-the-150th-session-of-the-executive-board-29-january-2022>.

The Board nominated Dr Tedros for the post of Director-General for a further period of five years and submitted its nomination to the 75th World Health Assembly.

Many Member States reaffirmed the critical role of WHO in renewing the global architecture for health emergencies, given the Organization's unique mandate and universal membership. The Secretariat will develop proposals, in consultation with Member States and other stakeholders. In doing so, the preliminary findings of the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies, and recommendations of recent review panels and committees will be taken into consideration.

The Board decided to extend the mandate of the Working Group on Sustainable Financing until the World Health Assembly. The Board also recommended to the World Health Assembly the extension for two years until 2025 of the 13th General Programme of Work. In addition, the Board forwarded resolutions and decisions to the Assembly on a wide range of important technical issues.

A selection of other news

- At its special session from 29 November – 1 December 2021, the World Health Assembly agreed to launch a global process to draft and negotiate a convention, agreement or other international instrument under the **Constitution of the World Health Organization to strengthen pandemic prevention, preparedness and response**.
- The event on **World AIDS Day 2021** saw global partners, including Prince Harry, the Duke of Sussex, **call for expanded access to health treatments and technologies and for human rights to be upheld**. A powerful video narrated by Prince Harry and Winnie Byanyima, Executive Director of UNAIDS, was screened at the event demonstrating the disturbing parallels between access to HIV treatment and access to Covid-19 vaccines. A letter from Prince Harry to WHO and UNAIDS was read out, in which he commemorated the 40 years of AIDS and expressed his gratitude for the work accomplished to date. He stressed the need for Covid-19 vaccine equity, drawing from the lessons learned from HIV.
- On 6 December, WHO welcomed the historic approval by the **Gavi Alliance Board to support malaria vaccine** introduction, procurement and



Lydia and her 6-month-old son await his first dose of malaria vaccine at the Malava County Hospital Child Welfare Clinic in Kakamega, Kenya. *Photo: WHO*

delivery for Gavi-eligible countries in sub-Saharan Africa in 2022–2025: an initial investment of USD 155.7 million for this period will help drive down child mortality in Africa.

- On 10 December, the **WHO Lyon Office celebrated its 20th anniversary**, contributing to the future of WHO's work in health emergency preparedness and response.
- On 16 December, **the second Ebola outbreak** in 2021 in the Democratic Republic of the Congo **was declared over**.

- On 20 December, **WHO published 10 key global health moments from 2021**,



Dr Tedros visiting Kabul in September 2021 as part of his drive for a stronger WHO. *Photo: WHO*

- Innovation and inequities in the Covid-19 response
- Emergencies emerge and persist
- Tackling health service challenges
- Greater contributions by – and challenges for – women
- Malaria vaccine: a beacon of hope in the fight against a range of infectious diseases
- New boost to the fight against diabetes
- Tobacco use fell
- WHO signals alarm about dementia challenge
- Health argument for climate action
- A stronger WHO

<https://www.who.int/news-room/spotlight/10-key-global-health-moments-from-2021>

- On 1 January 2022, **the DG shared his three resolutions to end the Covid-19 pandemic in 2022**:
 - Vaccinate 70% of people in all countries by July 2022 to end the Covid-19 pandemic
 - Strengthen global health security by supporting negotiations on a pandemic accord
 - Help all countries to strengthen primary health care
- On 6 January, **Mike Ryan**, Executive Director, Health Emergencies Preparedness and Response, received a **Distinguished Service Award** from the President of Ireland for his work on the **Covid-19 vaccine equity campaign**.

- On 12 January, Her Excellency **Toyin Ojora Saraki**, a Nigerian philanthropist, was appointed **WHO Foundation Ambassador for Global Health**. Ms Saraki is a highly esteemed global advocate with decades of work dedicated to women's and children's health and empowerment, ending gender-based violence, and improving lives in sub-Saharan Africa.
- On 15 January, a shipment of **1.1 million Covid-19 vaccines to Rwanda included the billionth dose supplied via COVAX**. Together with WHO's partners, COVAX is leading the largest vaccine procurement and supply operation in history, with deliveries to 144 countries to-date.
- During the week of 20 January, the **US Environmental Protection Agency (EPA) and WHO signed a five-year Memorandum of Understanding** for collaboration on a wide range of specific and cross-cutting environment and health issues, particularly air pollution, water and sanitation, children's health, and health risks due to climate change.
- On 25 January, WHO announced the establishment of a **Technical Advisory Group on Measurement, Monitoring and Evaluation of the UN Decade of Healthy Ageing (2021–2030)**, whose four action areas focus on
 - (a) changing how people think, feel and act towards age and ageing;
 - (b) ensuring that communities foster the abilities of older people;
 - (c) delivering person-centred integrated care and primary health services that are responsive to older people; and
 - (d) providing access to long-term care for older people who need it.
 The Group's first meeting was held on 14 February.
- **WHO is working with Viamo**, a global social enterprise improving lives via mobile phone, to



Sahal Gure Mohamed, 62, reads a health text on his mobile phone. *Photo: WHO*

provide WHO's **Covid-19 information**, including vaccines, to the hardest to reach populations, in their languages, through the **mobile phones** they own, including simple phones or those with limited internet access.

- The **third Health for All Film Festival** received 1020 entries before the call for short films closed on 30 January. The selection of the winning films will be announced by the DG in May.
- On 2 February, **WHO and the International Labour Organization** called for measures to be put in place to **protect workers' health while teleworking**. A new technical brief to healthy



and safe teleworking, published by the two agencies, outlines the health benefits and risks of teleworking and the changes needed to accommodate the shift towards different forms of remote work arrangements brought on by the Covid-19 pandemic and the digital transformation of work.

<https://www.who.int/publications/i/item/9789240040977>

- On 3 February, the **Global Influenza Surveillance and Response System (GISRS)** celebrated **70 years of success** as a worldwide network founded to protect people from the threat of influenza. GISRS also serves as a critical resource for countries handling non-influenza



emergencies and has made significant contributions during the Covid-19 pandemic, e.g. GISAID, a long-term partner of GISRS, published the first SARS-CoV-2 sequence data hours after it became available.

- The **President of the International Olympic Committee (IOC)**, Thomas Bach, **invited the DG** to participate in the **Olympic Games Torch Relay** on the day of the Opening Ceremony. Dr Tedros commented that *"The Olympic Games are about hope and I wish for this flame to bring hope to people around the world, that we can end the Covid-19 pandemic together"*. Following the Relay, discussions took place to further



Dr Tedros braves the cold to participate in the Torch Relay during the opening ceremony of the 2022 Winter Olympic Games in China. *Photo: WHO*

strengthen collaboration between the IOC and WHO, notably to promote vaccine equity and healthy lifestyles. During his visit to China, the DG met with Li Keqiang, Premier of the State Council of the People's Republic of China, to discuss Covid-19 and the need for an aggressive effort to vaccinate 70% of all populations.

- On 7 February, the **Commonwealth Secretariat and WHO signed a Memorandum of Understanding** committing to strengthening collaboration on a broad range of public health issues of concern to Commonwealth member states and governments, such as the response to the Covid-19 pandemic, vaccine equity, advancing universal health coverage and building resilient health systems.
- On 9 February, a new **WHO policy brief on ageism in artificial intelligence (AI)** was released. It highlights the risks of exacerbating or introducing new forms of ageism in AI technologies for health. It presents legal, non-legal and technical measures that can be used to minimize these risks and enable AI technologies to reach their potential in improving health and social care for older people globally. It was produced by the Global Campaign to Combat Ageism, a WHO-led initiative in collaboration with partners. The brief adds to the evidence presented in the UN Global report on ageism, released in March 2021.
- On 11 February, the **Eleventh Revision of the International Classification of Diseases (ICD-11)** came into effect and the latest update went online. **ICD-11 is entirely digital**. The ICD provides a common language that allows health professionals to share standardized information across the world.
- On 11-12 February, **the DG and the Belgian Minister of Development Cooperation, Ms Meryame Kitir**, paid a high-level **visit to the mRNA vaccine technology transfer hub** in South Africa, and to other facilities playing critical roles in the response to Covid-19 and protection of public health. They were accompanied by Mr Buti Manamela, Deputy Minister of Higher Education and Training, Dr Blade Nzimande, Minister of Higher Education, Science and Technology, and Dr Joe Phaahla, Minister of Health of South Africa.
- In 2017, some of the **cherry trees at WHO/HQ** were removed to make way for the construction of the new building. To preserve the historical significance of these trees, grafts were taken and entrusted to the care of a specialist firm. The grafts remained in good health and were used to **re-grow 70 replacement trees** which were planted on 17 February on the verge of the new entrance road.
- On 18 February, at the European Union-African Union summit in Brussels, the DG announced the **first six countries which will receive the technology needed to produce mRNA vaccines** on the African continent – **Egypt, Kenya, Nigeria, Senegal, South Africa and Tunisia**. All had applied and have been selected.



- Also on 9 February, **the Government of France and WHO announced a new € 50 million contribution** agreement that will help countries' health systems overcome bottlenecks in the Covid-19 response and speed up equitable access to testing, treatments and vaccines.
- Also on 9 February, world leaders launched a call to end the pandemic as a global emergency in 2022 by funding the **Access to Covid-19 Tools (ACT) Accelerator**, a partnership of leading agencies that is providing low- and middle-income countries with tests, treatments, vaccines and personal protective equipment. **USD 16 billion is urgently required** from governments to fund the work of the ACT-Accelerator agencies.
- **Health emergency support highlights** include; participation in the UN response to the volcanic eruption and tsunami in **Tonga**, support to health workers in **Mozambique** following cyclone Ana, to the **Syrian Arab Republic** following a severe snowstorm, and to flood-affected areas in **South Sudan** and, most recently, to provide supplies and assistance to **Ukraine**.

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

Sue Block Tyrrell

ANECDOTES FROM THE ANNEXES

More tales of the unexpected from the WHO annexes

In the first part of Anecdotes from the Annexes, published in the January issue (*QNT 126*) we invited our readers to send in their stories about life (or rather work) in the various WHO annexes, to be published anonymously. Many more of you have responded to our request.

Annex L and the avenue Louis-Casaï outpost

I have good memories of working outside the main HQ building – a number of years spent in Annex L and a few years spent in what was called the Casaï building, in avenue Casaï, not far from the airport. Due to the lack of office space in the HQ buildings, the then Executive Director for General Management, Maryan Bacquerot, was tasked to look for office accommodation for the growing number of staff of the newly created Global Fund to Fight AIDS, Tuberculosis and Malaria. He found office space in avenue Casaï on the 5th floor, and later in 2002, staff of the TDR programme were also moved to Casaï so that all their staff could be accommodated together. Somehow, together meant on the 1st and 4th floors of Casaï

In chronological order, my years in the L building came first. The offices were quite spacious and we could open the windows wide – much needed in the summer before the ceiling fans were installed - and envied by some staff based in the air-conditioned, but not that cool, main building. I recall a couple of “spam” circular emails inviting the staff to take showers under the sprinklers on the grass if they got too hot! I also recall a lot of dust when they broke through to extend the L building into the new M building – not so pleasant as at the time I was pregnant. I also remember, like it was yesterday, one of the communications officers in our team getting the first news of the 9/11 tragedy on the *tickertape* on her computer. We rushed to turn on the television set in the office of a Director on the 2nd floor... we could not believe what we were seeing. Fearing that all US government buildings could be targeted and we were next to the US Mission, as Acting MSU Manager that day, I told our team to pack up and go home to watch the unfolding events – no-one could concentrate on their work anyway.

One short anecdote about going into the office on a weekend. Staff had to enter by the main reception and then take the tunnel to the L building. To my amusement and great surprise, I encountered a member of the DG’s Cabinet skateboarding down the tunnel under the gaze of his spouse How to react? I just laughed and said that I had always wanted to scoot down that tunnel!! However, he did not offer me his skateboard to try!!

Regarding Casaï, I was not looking forward to having to move there but in fact it was a great experience. We had so much space and modern lighting and furniture, underground parking (at a fee), and a shuttle to and from the main building many times a day. The ride gave us a little time to relax and chat to fellow staff. It was perfect for duty travel as we could easily walk to the airport. Most of us had lunch in the cafeteria on the lower floor of the now Crowne Plaza hotel (formerly the Ramada). It was a short distance away and if we walked through the office block next door which had an internal open-air courtyard, we could admire the ducklings of the two duck families which used to breed there each Spring. Good memories.

The X Annex

This annex was shared between Family Health (FHE) and Human Reproduction (HRP). The collection of anecdotes presented here were contributed by former staff of HRP. FHE will follow in a future issue.

HRP staff had a reputation within WHO of having a lot of fun and raucous parties, however, this was only a small part of life in the X Annex. The staff of HRP was highly dedicated and hard-working and HRP's research was ground-breaking. It brought together the best brains to work on complex issues, developed new contraceptives and contributed to the development of the abortion pill, thereby saving the lives and health of countless women. With the support of its bilateral and multilateral donors and Member States, HRP generated new knowledge and evidence-based guidelines on human reproduction that were taken up by many countries in their national policies and programmes. Its work strengthened the capacity of individuals and institutions for research across the globe and defined the scope of reproductive health that is universally accepted and has become part of global policies and programmes.

Having a colleague who frequently brought in brownies and shared them with staff on the ground floor and first floor.

The parties. Any excuse, birthdays, farewells and, most importantly, the annual Christmas/New Year party.

Having an office that was the talk of colleagues and a sight-seeing spot for X-annex visitors because it was so packed with books and materials that the occupant was difficult to find. A photo of my office made it to be part of the Director's presentation to members of HRP's governing body, the Policy and Coordination Committee (PCC).

I remember when a friend called very excitedly because she had seen a picture of a nude man in the room next to her office! It turned out that the occupants of the office next door, two young women staff members, had put a large poster of a naked Burt Reynolds (he was the first pin-up in the new *Playgirl* magazine) on the back of their office door. What they hadn't realized is that when the office door was closed the poster could very clearly be seen from the access ramp going down to the underground garage, their office was upstairs at road level. A senior staff member went into their office to tell them to take it down immediately.

I recall climbing to the top of the *Dent d'Oche* mountain with Alex and Tabitha and two others and then going for dinner in Thonon afterwards. Tabitha ordered water. "What?" said one of them. "Water? You drink water? But fish copulate in water!" Although it is recalled that he might have used a more forthright Anglo-Saxon word.

I did not work under the first HRP director who apparently had a brilliant mind and was an excellent organizer but perhaps not a very good communicator. At least that is what I was given to understand when I joined HRP at the end of his reign. I was told that working in HRP was like being on a mushroom farm: you were kept totally in the dark most of the time and only occasionally was the door opened and some more manure was thrown over you!

So, the second director – who came from TDR – was clearly told by "the Sixth Floor" where top management lived at that time, that these problems of communication and lack of transparency needed to be addressed. One of the means of doing so was to institute circulating a correspondence file. Secretaries were expected to hand copies of outgoing letters typed by them that week to the Director's Office where they were put in a file (with some prior censoring perhaps!) for circulation among staff. I was a rather avid reader of that file since it frequently contained interesting information about what one's colleagues were up to. One of the more revealing letters was one sent by the Director to a HRP collaborator he had recently visited and which included the phrase "And thank you for sharing your date with me" (or words to that effect)!! I have always assumed the sentence was merely the result of a typing error and nothing more incriminating!

Annex X was like a sauna in the summer months. To combat the heat, the then Director turned up one day wearing shorts. This didn't go down very well with the then ADG, who sent the Director home like a naughty schoolboy to "get dressed properly".

Directors were allowed carpets in their offices but the first Director had always refused one, until US Senator Ted Kennedy was scheduled to pay a visit. Then it was all systems go and we had the building people (BDM) running around in circles trying to find one and lay it in double quick time. They succeeded..... However, the Senator was running late and never turned up! But the carpet stayed.

There was the time we were in “lock down” in Annex X due to demonstrators storming the American mission. They were demonstrating against the USA invasion of Iraq. Lots of young people milling around, doors and windows had to be kept closed because of the potential use of tear gas. I can't remember if any was used, perhaps somebody else can.

Many years ago, HRP had a WHO Team stationed in Bangkok, Thailand. On a directive from the Ministry of Health, one memo that the Team Leader wrote to his staff was a request that the van with WHO TEAM emblazoned on it, should NOT be parked outside any massage parlours. Even if they were there legitimately to collect samples. Locals had commented.

Warren Buffett's wife was introduced to us as a potential donor because of her interest in women's reproductive health and abortion. Mrs Buffett turned up wearing a jaw-droppingly gorgeous fur coat that I can still remember to this day and must have cost as much as the Annex to build! I don't think her Foundation donated anything after this visit but they did eventually become a donor. All I remember is That Coat!!

In the early 1980s, I was in Shanghai with Tabitha Stanley. It was the middle of winter and we were really cold. We went to the Institute of Materia Medica to meet Professor Gao Yi-sheng (who later became director of our collaborating centre). He came outside to greet us in a long, very thick coat that looked really warm. Tabitha whispered to me *“I'd like a coat like that”*. I responded with *“I'll knock him down; you steal his coat”*. We both started laughing and we had the giggles for much of the rest of the morning. I'm not sure that too many people discovered that Tabitha was a real giggler.

There was a certain HRP colleague who was having a secret affair with his secretary. When he went to Thailand on duty travel, she took leave and joined him, in the good old Erawan Hotel (later demolished). On the first morning, they rushed down to the pool and jumped in. On surfacing, they looked around and saw three HRP staff sitting having breakfast by the pool.

I used to feed the birds by putting bird seed on the window ledge. One morning, just as Jack walked into the office, two blue tits landed and started pecking away at the seeds. I told Jack what they were, him being American and unfamiliar with the feathered species of “birds”. After lunch I walked back into the office and there on the window ledge were a pair of bosoms cut out of a blue cardboard folder and pinned onto a piece of wood with Jack's message: This is what I call a pair of blue tits. You had to love his sense of humour!

I'm sure some of us remember when the Director got angry because his staff, particularly senior staff, showed up late for a meeting he called, or the weekly staff meeting. He decided to calculate the mean per-minute salary of all the staff and he required a donation into the kitty for each minute anyone was late, and that money was used to buy the wine for the weekly TGIF.

Following on from this, one day in the winter, snow ploughs had piled a mountain of snow into my driveway which was already a steep slope down to the garage under my house. I had to dig away a couple of meters of snow just to open the garage doors and then more to get my car out and onto the street. I arrived 15 minutes late for a staff meeting and Alex criticized me in front of everyone saying I was “unprofessional” and why hadn't I got in on time like all the others. Well, the rest of you got in on time, so perhaps I was just a wimp with a shovel....

One of the best decisions I ever made was to transfer to HRP. Having worked in the main building for eleven years, where senior staff were always referred to as doctor and even the Administrative Assistants were never addressed by their first names, the informal atmosphere in X annex was a real eye-

opener. Everyone was on first name terms, support staff were valued and treated as equals. We worked hard but had a lot of fun.

The parties were legendary – a great one had a 60s theme. A couple of senior scientists turned up in mini-skirts and one of them with a shock of hair resembling the Beatles decided that he should kiss the then Acting Director (*See inside front cover for proof*).

Compiled from contributions by many former WHO staff

More on the V Annex – and three Directors-General...

Having enjoyed the fascinating stories about RECS (for which Annex V was built) I thought I might add some personal recollections.

Eccentric Auffray, the singer's brother, was a genius in physics, and had contributed to epidemiology by inventing a laser technique for individual verification of participants in field surveys. This is perhaps what led Newell to hire me for developing biomedical engineering projects in collaboration with EPFL.

Back to the early years of WHO, Dr Candau had a close scientific adviser named Martin Kaplan, who was a friend of Robert McNamara, then US Secretary of State in the John F. Kennedy administration. With Professor Murray Eden (Massachusetts Institute of Technology), together they worked on the idea of a World Health Research Centre (1) (2), as well as on alternative solutions.

After the WHA rejected this proposal, Dr Candau settled for three offshoots, one of which was RECS (the other two being IARC, and a monitoring network on pharmacological side-effects).

I was privileged to work subsequently with all three offshoots, and developed a 20-year-long collaboration with Professor Eden. When RECS was disestablished, I joined Kaplan in the DG's office, in the Office of Science and Technology (OST).

At the time Dr Mahler was appointed ADG, he had been heading the Project Systems Analysis (PSA) located on the top floor of Annex V, and was a somewhat intrigued neighbour of RECS.

He had just published his econometric models in collaboration with Professor Martin Feldstein from Harvard, and was convinced that our division should concentrate on "Planning for Health". Several consultants had been invited to discuss alternative scenarios. By the time Dr Mahler was elected DG in 1973, the fate of RECS had already been sealed by his predecessor.

Another neighbour in the V Annex was Dr Vittorio Fattorusso, then Secretary-General of CIOMS. Dr Candau appointed him as Director of the Pharmacology Division, approximately at the same time that Dr Mahler was appointed ADG (ca. 1971). In those days, the Fattorusso's lived next door, and I could see Vittorio spending long hours in the evenings working on the subject of "essential drugs". To further develop this programme, he hired a pharmacologist, Dr Hiroshi Nakajima. The third DG of the title.

Pierre Mansourian

References

- 1) Following my retirement, I was invited to address a gathering of leading academics and EB members on the history of research at WHO. The speech can be read at, https://www.who.int/formerstaff/publications/Mansourian_Afterdinnertalk2008.pdf?ua=1
 - 2) WHO Publication 2010, ISBN 978 92 4 156411 3: *Research and the World Health Organization: a history of the Advisory Committee on Health Research, 1959-1999*. <https://apps.who.int/iris/handle/10665/44484>
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A request to our readers, we will have more X annex stories in the next issue, but would love to receive your anecdotes from any of the annexes, all will be published anonymously, unless otherwise requested.

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

READERS' RECIPES

Lamb tagine with chestnuts, saffron and pomegranate seeds (serves 4)

Ingredients

2 tablespoons ghee or olive oil
 2 onions, finely chopped
 4 garlic cloves, finely chopped
 25 gr fresh ginger, peeled and finely chopped or grated
 A pinch of saffron threads
 1 or 2 cinnamon sticks
 1 kg lean lamb, from the shoulder or leg, cut into bite size pieces
 250 gr peeled chestnuts
 1 or 2 tablespoons dark, runny honey
 Sea salt and freshly ground black pepper
 Seeds of 1 pomegranate, pith removed
 A small bunch of fresh mint leaves, chopped
 A small bunch of fresh coriander leaves, chopped

Heat the ghee or olive oil in a tagine or heavy-based casserole. Stir in the onions, garlic and ginger and sauté until they begin to colour. Add the saffron and cinnamon sticks, and toss in the lamb. Pour in enough water to almost cover the meat and bring to the boil. Reduce the heat, cover with a lid and simmer gently for about 1 hour.



Add the chestnuts (if they are ready to use, add them towards the end of cooking to prevent them from crumbling too much) and stir in the honey. Cover with the lid again and cook gently for a further 30 minutes, until the meat is very tender. Season to taste with salt and black pepper and then toss in some of the pomegranate seeds, mint and coriander. Sprinkle the remaining pomegranate seeds and herbs over the lamb, and serve with bread or a buttery couscous.

Maryvonne Grisetti

NEW MEMBERS

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

New Life Members

Luz Demolis
 Yaya Duwa Sanyang
 Thomas O'Connell
 Frances Palen
 Carol Mary Vickers

Conversion to Life members

Haik Nikogosian

New Annual Members

Lucy Okot
 Jane Wallace

NEWS FROM FORMER WHO STAFF MEMBERS' GROUPS AROUND THE WORLD

News from around the world

Cooperation among the Associations of Former WHO Staff

The third AFSM Global Meeting was organized on 8 March by the members of AFSM/EMRO, too late to report the meeting here due to publishing schedules. We will report to you in the next issue.

Jean-Paul Menu

Regional reports

AFSM-PAHO/AMRO: The Newsletter of December 2021 has been published, a mammoth and information-packed issue.

The Editorial, prepared by AFSM President Gloria A. Coe, takes the form of the Report of the President as presented to their General Meeting of 2021.

Marilyn Rice and Sylvia Schultz have prepared the *Summary of the XXXII AFSM General Meeting* which contains information of special interest to our members living in the Americas.

The Newsletter continues with an article by these same two authors, *Summary of Dr Etienne's Remarks at the 2021 AFSM General Meeting*, in which they give a digest of the comments of Dr Carissa F. Etienne, who serves as Director of the Pan American Health Organization and as Regional Director for the Americas of the World Health Organization.

Carol Collado in *Staff Health Insurance and Pension Update* looks back at the last two years of living with the pandemic. Carol goes on to discuss the Staff Health Insurance Global Oversight Committee meeting (*reported on page 4 in this issue*). She also reminds readers that their region has the highest health costs of any in the WHO network, with a plea to individually do everything possible to reduce costs. Under the Pension heading, the despatch of Certificates of Entitlement is mentioned, as are the Fund's efforts at reducing carbon emissions.

Recognizing Ageism, Fighting Ageism: A Personal Reflection by Martha Pelaez, who argues convincingly in her thoughtful article that what we ourselves say about old age does matter, because language does not just describe reality, it can also create the reality it describes. Well worth reading.

Hernán Rosenberg follows this with *Politically Correct Vaccines*, an amusing account of a frustrating attempt to contact the Chilean Central Vaccination Authority for an answer to a simple question. Although the incident as described could have been experienced in any number of countries.

An article by Yvette Holder, *Report of the AFSM Survey on Ageing* details the findings of a situation analysis conducted by AFSM PAHO/WHO to assess how their former staff members are ageing. Undertaken in support of the United Nations Declaration of the Decade on Healthy Ageing, it makes for interesting reading.

An out-of-the-ordinary subject follows, *Belonging to PAHO/WHO Toastmasters Club, before and after retirement* by Patricia Torres, who is VP of Public Relations. Interesting reading.

Yvette Holder continues with the third and no less amusing instalment of her series, *Musings of an Ageing Woman*.

Health, Lifestyles and Severe COVID-19 by Gloria A. Coe details a very thorough look at how our own health will determine the outcome of a Covid infection.

This bumper issue closes with reports from the Caribbean Chapter, and the Colombia Chapter of AFSM and *Where are they now?* by Stanislaw Orzeszyna, who is also a member of our own AFSM.

A very full, interesting and informative edition; we recommend that you access it online. The newsletters can be read in English at <https://www.afsmpaho.com/newsletters> and in Spanish at <https://www.afsmpaho.com/newsletters-spanish>

Keith Wynn

AFSM-EMRO: Where there's a will there's a way. First a promise, next the challenge, then came the will-power combined, we hoped, with the sweet scent of success. As acting-captain of this brand-new ship, named the AFSM/EMR, it was necessary to set a course by the compass towards the first safe shore.

The direction indicated was clearly towards a newsletter, to entertain, inform, and appeal to our retired passengers. After a lifetime of work and careers their main interest in being on-board is to relax.

The first task was to find the Ship's Officers, the editorial team. The criteria we were looking for were: experience in writing and editing, professionalism, a good team spirit, and dynamic personalities to get the project moving. It was not easy but finally our experienced ship's officers are Dalal and Ata. I was unsure what Dalal's reaction would be, but happily this was her response:

"It was an ordinary hot July day, when I received a call on my cell phone, I was surprised and pleased. Hanaa offered me the chance to be an Editor for the AFSM/EMR Newsletter. Without any hesitation, I accepted joyfully and looked forward to being part of a harmonious team.

Straight away, I started drafting some ideas on paper, getting ready for the first zoom meeting with Hanaa and Ata. On my side it was a joyful occasion, seeing their friendly faces and interacting with them again. This was one of many zoom meetings where we discussed and deliberated on the overall spirit of the newsletter and how to bring it about. Step by step we were able to achieve a preliminary draft which in its turn witnessed several changes and additions."

Ata, as always has been there ever helpful, through her contacts and affiliations she was able to assign a well-renowned advertising agency to handle the layout.

Little by little we were able to witness the birth of the first issue, known to us as "issue zero". We had no pre-conceptions of how it would be received but we had high hopes.

Finally, the day came when we all agreed to say the magic words "OK, let's publish" and the AFSM/EMR Newsletter was ready to launch.

Dalal Aly, Ata Nour and Hanaa Ghoneim

Note: The first edition of the AFSM/EMR Newsletter can be found at the end of the digital edition of this *Quarterly News*.

AFSM-Manila: Extracts from the members' Facebook page. According to the US Bureau of Labor Statistics in its economic news released on 12 January 2022, the US Consumer Price Index (CPI) rose 7% over the 12 months ending in December 2021 (not seasonally adjusted) with a 2021 yearly average of 4.7%.

Therefore, it is likely that pensioners on a Dollar-Track payment adjustment system will receive a Cost-of-living Adjustment (COLA) of 8.4% (7% + 1.4% brought forward from 2020 where no COLA was paid in 2021), effective April 2022.

According to the Philippine Statistics Authority (PSA), the Consumer Price Index (CPI) fell from 3.7% in November to 3.2% in December 2021, with a 2021 yearly average of 3.9%. Therefore, it is likely that pensioners in the Philippines on the two-track payment adjustment system will have a Cost-of-Living Adjustment (COLA) of 3.2% effective April 2022. Note also that the UN exchange rate to be used in the first quarter of 2022 in the conversion of the two-track pension benefits to USD is 50.364 Philippine pesos compared to more than P51 on the currency market.

Romy Murillo

AFSM-SEARO: AFSM/SEAR conveys its New Year greetings to the global AFSM community and wishes you all well.

Reviewing the past year, we can be satisfied with our achievements, especially the collaboration at the global level through the network of AFSMs. We appreciate the establishment of the Global Council of AFSMs, which has started bearing fruit for the welfare and interests of retired staff members. We are aware of, and appreciate, the efforts of all AFSM colleagues, especially the HQ/AFSM which has been key in getting us this far. We now look forward to the upcoming third meeting of the Global Council, when matters of importance to the interests and welfare of retirees will be discussed, particularly on items relating to SHI and pensions.

We note with satisfaction the information and collaboration that permeates to the regions and countries, especially in matters relating to cooperation with the Administrations at all levels. We are glad and appreciative of the keen interest shown in AFSM matters by the Director-General of WHO, clearly evidenced in his personal attendance at the AFSM General Assembly at HQ. We fervently hope that this sensitizes the Regions, where such collaboration, cooperation and support are also essential. These actions need not only to be discussed but put into practice so that retired staff members truly benefit on matters related to their welfare, and will benefit the Regions too.

Our experience with the Digital Certificate of Entitlement has been mixed, especially the 2022 renewal of DCE for those who successfully used this last year. While some of our members were successful in transmitting the DCEs for the year 2022, many others continued to face glitches and difficulties, especially in digital tallying of the biometrics. We understand this is due to server issues and small technical bugs, and only hope these are fixed early. It is still early days for the annual CE process, but these need to be truly user-friendly and should not present any impediment to colleagues.

AFSM/SEAR continues its efforts and service to our retired colleagues, in spite of the constraints of Covid-19 restrictions, managing to reach-out through e-mails and communications. We earnestly look forward to an improved situation and the restoration of access to offices and facilities so that we may continue the journey ahead reinvigorated.

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

WHO Retirees' Representative in Scandinavia: There have been no reports from this region recently due to the personal circumstances of our representative Jill Conway-Fell. We sincerely hope that the reports will resume again in due course.

The Editorial Board

AFSM-Africa: AFRO Retired but Not Tired: In the early part of this year, in addition to its monthly meetings, the Association of Former WHO Staff in the African Region (AFSM/AFRICA) organized three technical meetings and also online training on the use of the UNJSPF pensions website.

The first technical meeting, on 5 February, focused on two important topics for the African Region: the regulation of medical products, and health insurance.

In response to the many concerns related to the proliferation of substandard, spurious, falsely labelled, falsified and counterfeit medical products (SSFFC) on the continent, the WHO Africa regional office, in application of WHA resolution 67.20 of 2014, contributes to the efforts of the Regional Economic Communities (RECs) and the African Union for the establishment of a legislative and regulatory (normative) framework on medical products, in order to ensure the African population has access to safe, effective and high quality medicines and medical products.

Professor Jean Baptiste Nikiema, Regional Adviser, gave a very informative presentation on the progress made in the implementation of these regulations.

To date, in the WHO African Region, only the Medicine Regulatory Institutions of Ghana and Tanzania have reached regulatory level 3. As of 5 November 2021, the treaty establishing the Medicines Agency in Africa has been ratified by 15 Member States, paving the way for the establishment of the Agency by the end of this year.

The second topic was Staff Health Insurance. A number of points were clarified by Mr. Amidou Bague, President of the AFRO Staff Association, and Regional Health Insurance Adviser.

Twenty-seven colleagues, residing in Europe, North America and Africa, took part in this technical meeting.

Following this meeting, a distance training workshop was organized by Mr. Armand Mpassy for colleagues experiencing difficulties accessing the SHI-Online platform for the electronic submission of their claims.

The last two meetings (January 29 and February 19) were devoted to monitoring the development of the collective book. The aim was to analyse the written contributions received so far, and to assist colleagues in the writing process. In addition to ten contributions received to date, feedback workshops are planned for the coming days with the authors.

News from the Executive Committee: A calendar of all the activities for the year has been drawn up and communicated to members. Also, the activities to strengthen our headquarters in Brazzaville, Congo are continuing with the formalities for opening the Association's bank account, which should be operational very soon. This last step will speed up the formal registration of members and the payment of dues.

Kalula Kalambay (AFSM-AFRICA Coordinator)

Solange Kouo Epa (AFSM-AFRICA Secretary)

POETRY CORNER

Two little black eyes

*Two little black eyes fixed
On me without blinking
Caught me the moment I set eyes on them
They were remarkable, illuminating
A small face of a bird malnourished and flayed
by a bumpy arrival on mother earth.
If they could have spoken, if they could have shouted
they would have screamed, those eyes
they would have screamed with anger, with pain,
they would have been flooded with tears
they would have asked: why
why are we in this unknown place
why are we still lying horizontally
why do we look at the ceiling most of the time
without the comforting warmth of motherly arms
whether it is day or night
they would have recounted the sleepless nights
because they remained vigilant, fighting against sleep
they remained vigilant, they watched
they hoped, hoped and still hope
to land on the face, the silhouette,
they hoped to find the unforgettable scent
of the one that had made them hatch from the original point
of the one who had felt them bud,
the one that had showered them with her sap
of the one who had cradled them in her womb*

*to the rhythm of the unforgettable sway of her body
at first fast, active, impatient
then more and more heavy, as the eyes
approached the moment of the meeting with her.
And they remembered the eyes of this first meeting
After a head down traverse and the long-awaited arrival
To see her, finally after these nine months of preparation.
They remembered... No, they tried to remember
They tried to remember, but it was blurred, distant
so far away, so far away, so far away...
The two eyes had encountered many other eyes
Since their arrival, but they did not meet hers,
For they would have recognized them in a moment
So they remained vigilant and dry
They never cried, since their first cry
they remained vigilant, fighting against sleep
they remained vigilant, they watched
they waited, they hoped, they hoped.
But time passed relentlessly
And no woman came to recognize
the little face and the little eyes
and the two eyes were even drier and more intent
and never blinked
they understood that they were alone to face the world
I heard their story with my own eyes in an instant.*

Solange Kouo Epa (AFSM-AFRICA)

IN MEMORIAM

Recent deaths¹ of former WHO staff members as reported to AFSM

Acheson	Michael	26.11.2021	Maiga	Henri	01.11.2021
Acurio	Guido J	23.10.2021	Mbam Mbam	Leonard	10.11.2021
Agbemafo	Gideon	18.05.2021	Mikheev	Mikhail I	11.12.2021
Ankutse	Emmanuel K	07.10.2021	Moday	Sami	26.09.2021
Belabbes	El-Hadj	17.09.2021	Mohamed	Abdirahman Sharif	02.11.2021
Biely	Ali Ismail A	18.05.2021	Ngoulou	Christophe	22.09.2021
Campbell	Lynda	13.10.2021	Noordeen	Shaik Khader	17.08.2021
Denel	Daniel	30.09.2021	Nylander	Francis Edward	20.04.2020
Ellis	Paul Stephenson	30.10.2021	Oblapenko	Gueorgui	14.12.2021
Espinal De Russo	Angelin	12.10.2021	Osmanov	Saladin	23.10.2021
Feroz	Sheikh Mohammad	21.10.2021	Picchiura	Raymond	09.12.2021
Fontana	Roger	26.09.2021	Quinonez Amado	Jose Alfonso	01.10.2021
Fujikura	Takao	19.11.2021	Rochon	Jean	16.10.2021
Giannasi	Jeanne M	11.11.2021	Schmier	Armin	26.11.2021
Gouba	Yoro	12.09.2021	Siharath	Saykham	28.10.2021
Hassanein	Ahmed Ahmed	22.09.2021	Valladier	Jean-louis	16.09.2021
John	Alex Thomas	21.11.2021	Vorst	Ferdinand Adolph	03.10.2021
Kialanda	Samuel Yizila	31.10.2021	Woldemariam	Emebet Admassu	30.05.2021
Labouta	Ibrahim M I	19.10.2021	Yang	Robert	19.11.2021
Leclercq	Jean Michel	12.12.2021	Yankalbe Paboung	Matchock-Mahouri	12.09.2021
Lucas	Patrice	30.09.2021			

The deaths were also announced of the survivors of former staff members: Ashkar, Juliette; De Figueroa, Neria; De Sguaitamati, Gloria; Deramat, Carin; Dwidar, Azza; Farr, Marjorie; Galvez, Anacrita Jordanal; Hart, Helen Barbara; Huerta, Maria; Jankovic, Ljubica; Johansen, Jorgen; Kuhner, Ruth Klara; Lataste, Elizabeth; Mancini, Concetta Lidia; Outtara, Ma; Pal, Mala; Pradhan, Bibhuti; Ray, Aparajita; Santa Maria, Florencia; Sathianathan, Annapooraniammal; Semerau-Siemianowska, Krystyna; Sow, Awa; Woldemariam, Emebet; Younes, Aisheh Tayseer.

¹ The present notification of deaths was gratefully received from UNJSPF and covers Q4 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.

Maria Teresa Pozas, born 30 September 1943 in Madrid, Spain, died 10 August 2021 in Barcelona, Spain



Maria Teresa Pozas completed her studies with a baccalaureate in Madrid, the city where she was born. After her studies she was employed in the secretariat of the Spanish Minister of Education.

In 1964 she moved to Geneva with her husband, and already had a good knowledge of the French language which she had acquired during her studies.

Following a time working at the Spanish Mission in Geneva, she was employed in the Spanish typing pool of the UN, from where she transferred and joined the Spanish Word Processing Centre in WHO in 1968. She became the head of this unit and retired after more than 30 years of service in WHO at the end of 1999.

Maria Teresa and her husband raised two children, the first son was born in 1965 and a second son followed in 1968.

In addition to her career at WHO, she was an active member of the United Nations Spanish Book Club and the Spanish Geneva theatre group (sadly no longer in existence) of which Maria Teresa was the treasurer and she also participated in the plays put on by this group. This group was made up entirely of amateur actors, many of whom were international civil servants.

Maria Teresa enjoyed travelling a great deal, notably visiting Chile, Peru, Cuba, Santo Domingo in the Dominican Republic, India, Cambodia, and Kenya.

After her retirement she left Geneva to return to Spain, settling permanently in Barcelona to take care of her father.

Since 2017 she had been treated for leukaemia which was the cause of her death. Her departure caused great grief to her family and many friends and colleagues.

Oscar Martin (son)

Maria Teresa Pozas

I recently learned that Maria Teresa Pozas had passed away in Madrid after a long illness.

I had the privilege to work with Maria Teresa from 1990 when she was head of the Spanish Word Processing Centre in the Documents Production Services.

During her long career in WHO she also participated in conferences around the world, visiting Cairo and in 1978 she was part of the WHO secretariat at the International Conference on Primary Health Care (PHC) held in Alma-Ata (now Almaty) culminating in the Health for All Declaration.

I will always remember her cheerful and pleasant personality and for her being an efficient and competent colleague.

Robert Constandse

Jean Rochon, born 29 July 1938 in Montreal, Canada, died 16 October 2021 in Montreal, Canada



After studying law and then medicine at Laval University in Quebec, followed by a doctorate in public health at Harvard, the main thrust of his career took a national focus: Professor of Community Health, then Dean of the Faculty of Medicine at Laval University. He chaired the "Rochon Commission" on health services in Quebec.

In 1988, he joined the WHO Regional Office for Europe as Director of Programme Management (DPM), then in 1990 he was appointed Director of

the Health Promotion Division at Headquarters. He left WHO to become Minister of Health for Quebec and succeeded in introducing controls on tobacco use in public spaces. He then held several other ministerial positions until 2003. A world-renowned expert in public health, he remained, in the words of a colleague at the university "*Jean, kind Jean, always ready to help anyone*".

Marc Danzon and I both served under him in the Regional Office for a few but memorable years. His human warmth, as much as his vision, touched us profoundly. A giant of a man.

Jean-Paul Menu

Jean Rochon

The announcement of the death of Jean Rochon caused me much sorrow. I well remember his arrival in Copenhagen, his reputation bathed in the glory of his enquiry into the social and health services in Quebec. His charisma and competence immediately seduced us all. But it is above all his compassionate listening that captivated our entire team. I have had the opportunity to appreciate his qualities on many occasions, in particular through his support for a conference on smoking. He transmitted to us his conviction of the close relationship between the medical and the social, of which he was the fervent defender. He was a visionary and not just for public health.

Marc Danzon

Krishneswori Pradhan, born 30 March 1940 in Bhaktapur, Nepal, died 2 December 2021 in Kathmandu, Nepal



The strength of a house relies on its foundations and Krishneswori was the strength of the Pradhan family, who are all deeply saddened by her loss. She provided untiring support to her late husband, Gopal Das Pradhan, who served as Technical Officer and later as Scientist

at WHO, allowing him to concentrate on his WHO career (1968-1983).

Born in Bhaktapur, Krishneswori received a

Bachelor's degree in Political Science from Tribhuvan University, Nepal. A brilliant student at school she received many awards but remained humble. She read avidly and kept abreast of world news.

She accompanied her husband to several duty stations, first in 1969 to Kisumu in Kenya. She returned to Kathmandu in 1970 with her five children while her husband remained in Kisumu with the WHO *Anopheles* Control Research Unit No. II. She devoted herself to running the home, caring for the children and supervising their education, and still providing support to her husband. Krishneswori re-joined him in Kenya in the mid-seventies.

Her husband was posted to Semarang, Indonesia in the late seventies as Scientist at the WHO Vector Biology and Control Research Unit, and worked there for a few years, where Krishneswori was able to visit him.

Her children honour her dedication and sacrifice in making them able human beings and professionals. In her later years, she dedicated her life to philanthropy, sponsoring the education of school-

going children and aiding in the upgrading of a ward at Bhaktapur Hospital.

Krishneswori will always remain alive in the memory of her friends and family. Her humility and resilience will forever remain a beacon of hope to all who knew her.

The Pradhan Family

John Francis Dunne, born 5 June 1935 in Chipping Sodbury, Gloucester, UK, died 29 December 2021 in Commugny, Switzerland



It was in the summer of 1983 that I first met John at WHO Geneva. I was recruited by the Drug Action Programme (DAP) to write a book on the regulation of pharmaceuticals in developing countries. John was Chief of the Pharmaceuticals Unit which,

inter alia, had to promote the normative functions including the development of quality control standards.

John was uncompromising in his stand that quality cannot be compromised. He had come to WHO from the UK Safety of Medicines Office and had witnessed at first hand the tragedy that came in the wake of the use of Thalidomide and other drugs. This pushed him to ensure that WHO disseminated information on suppliers of raw materials at inexpensive prices only after a basic inspection of their facilities.

John Dunne

I began working with John when he became the Chief of the Pharmaceutical Unit in the early 1980s. I will always remember him as a person with vision, an excellent and supportive chief, willing to change his mind if he could be convinced of a better approach. He was a person of great integrity and principles, a true gentleman, and over the years John and his late wife Anouk became dear friends. May his soul rest in peace.

Agathe Wehrli

John served for many years as the Secretary of the WHO Ethics Committee and was widely considered as one of the world's high ranking experts on drug and vaccine testing and quality control.

I remember John mentioning to me that he had on his bedside table a verse from Robert Frost and I told him that he was in the distinguished company of Jawaharlal Nehru, who too had the same verse on his bedside table:

*"The woods are lovely, dark and deep,
But I have promises to keep,
And miles to go before I sleep,
And miles to go before I sleep."*

John's crusade to eliminate substandard drugs from the market and protect the good name of WHO often resembled that of *The Lone Ranger* fighting a cause single-handedly. But he did fulfil his promises before he peacefully died in his sleep a few weeks ago.

Dr Dayanath Jayasuriya

Sandra Blumenfeld (née Taylor), born 10 May 1948 in Grimsby, UK, died 19 January 2022 in Timonium, Maryland, USA



A down-to-earth lady from Grimsby, Sandra joined WHO headquarters in February 1974, following various secretarial positions in the UK and in the Council of Europe, Strasbourg. With her prior knowledge of French, Sandra took to Geneva quickly. A sociable lady, always smiling and ready to help, Sandra was an excellent and well-liked colleague during her time at WHO/HQ where she worked in Strengthening of Health Services, then Communicable Diseases and finally as secretary to Dr Stan Flache, Assistant Director-General.

Sandra met and married her husband Barry in Geneva and their first child Michael was born in Geneva. At the end of Barry's work at CERN, the family moved to the USA. They had three more

children – Andrew, Daniel and Elizabeth – their house was always full of life and laughter.

Special memories include: sharing a room with Sandra in the early days – the only problem being Sandra was a late riser and the room-mate was an early riser!; having a group lunch with Dr Flache in the WHO restaurant on the 8th floor with Sandra and baby Michael who was bravely breast-fed at the table; sharing a frozen weekend in Grimsby to help Sandra clear out her mother's house; and, en route to official meetings in Washington DC, enjoying stopovers chez Sandra to catch up on news and meet the latest members of the family. Fortunately, our last meeting was in Spring 2019 (well after duty travel times were over and pre-Covid) during a trip to North America to visit various friends and family. Sandra was a dear friend who will be sorely missed.

Kate Booth, Charmian Common and Sue Block Tyrrell

Luz Maglaya Nacu, born 1 September 1928 in Cabanatuan City, Philippines, died 29 January 2022 in Las Piñas, Philippines



Luz joined the WHO Regional Office in Manila, Philippines on 8 August 1962 as part of its support staff. She was later promoted as Administrative Assistant in the office of the Director, Health Services Development and

Planning, a post she held until her retirement on 30 September 1988.

Luz and her husband Neil, a retired officer of the US Embassy in Manila, spent most of their

retirement years in the United States. But several years after her husband passed on, Luz decided to re-settle in the Philippines, which allowed her to re-establish close contact with family, friends, and the Christian church community where she was an active member.

Known for her kindness, generosity and joyful spirit, Luz had maintained lasting friendships with many former WHO colleagues, both on a personal level and as a member of the Association of Former WPRO Staff Members.

AFSM-Manila

THE WHO HAEMOGLOBIN COLOUR SCALE

The story of a project by Gordon Stott that merited more success

The recent death of Dr Gordon Stott (see the obituary in the January issue, *Quarterly News 126*) brought back very pleasant memories of working with Gordon on his WHO publications over many years, and it reminded me particularly of an extraordinary project on which I was privileged to assist him in the mid-1990s, the *WHO Haemoglobin Colour Scale*.

One day, long after his official retirement, Gordon looked in at my office and asked when we could have a short discussion. As he did not live near WHO, I proposed that we have it there and then – forgetting that one did not have short discussions with Gordon, the eternal enthusiast.

He promptly emptied the contents of a large bag on to my desk, including an electronic device (a HemoCue®, I was to discover), vials of blood provided by Gordon's collaborator, haematologist Dr S. Mitchell Lewis (1) and finger pricks, test papers, and dozens of different printed colour scales. He explained that the colour scales were intended to help detect anaemia cheaply and quickly, assessing the level of haemoglobin in the blood by comparing a sample applied to a test paper with that of a range of printed colours.

Several hours later...

By now Gordon had opened the vials of blood – at different haemoglobin concentrations – and demonstrated the HemoCue® and the printed colour scales.

The problem, Gordon explained, was that although the HemoCue® could measure the haemoglobin levels extremely accurately, it required electricity to operate, was prohibitively expensive, and each test required a one-time microcuvette, therefore unsuitable for use in remote clinics in developing countries. On the other hand, the printed colour scales could slip into a pocket, were easy to use, and cheap to produce, but none of those collected during his travels were anywhere near accurate, as

evidenced by the varied colours obtained for a single haemoglobin level. He wanted to know if this was an inherent problem with printed scales, and I assured him that the colours of the various levels of haemoglobin could be reproduced accurately, and that the three key elements would be the ink, the paper, and consistent printing quality.

The inks would need to be accurately matched to blood samples by an ink manufacturer using a spectrophotometer to measure and analyse fresh blood samples on test papers. The paper on which the scales were printed would have to replicate the texture, reflectivity, and colour of the test papers, while avoiding their absorbency. The printing process would need to follow a strict protocol drawn up by the ink maker, and be closely monitored throughout.

Encouraged to learn that accurate colour scales could be produced, Gordon invited me to assist him and Mitchell, and explained how he envisaged the *WHO Haemoglobin Colour Scale* should be “packaged” to avoid the shortcomings of the samples he had collected. This initially involved a scale of ten colours with viewing apertures, plastic covers to prevent fading, and easily wiped to remove moist blood.

However, none of this could be undertaken without funding. Gordon didn't have funding and neither did my unit. I agreed to prepare a budget estimate for producing a trial run of colour scales, so that Gordon could seek funding. Having calculated the required funding, Gordon and Mitchell started the search, but without much success. I suggested that we approach my director, the late Dr Barry Cooper, who held a budget for producing WHO publications. Gordon made the presentation, then in answer to Barry's question, I confirmed that we were sure that the scales would work. To our surprise and satisfaction Barry, generally known for his extreme financial prudence, agreed to fund the trial run.

The pre-trial run could begin...

To prepare the ink, Gordon and Mitchell visited a highly specialized ink maker near Lausanne in order to measure, analyse and mix the ten ink colours, taking with them the vials of blood, test papers and the HemoCue®. A few days later Gordon reported that they had achieved ten excellent colour-matches for haemoglobin levels of 3, 4, 5, 6, 7, 8, 9, 10, 12 and 14 g/dl, printed out as samples which looked much more realistic than those he had collected.

Selection of a suitable paper could then begin. An example of the test paper had been sent to many paper manufacturers in Europe, requesting they provide their best match suitable for printing. The test paper itself was not suitable, being too absorbent. We examined the 100 or so samples received and narrowed the choice down to three. Printed results on these papers were necessary to enable a final choice and the ink maker agreed to do this for us.

The selection of a printer equipped to closely monitor the whole procedure proved relatively straightforward. So that we could oversee the process we needed a local printer, and fortunately one in Geneva fitted the bill perfectly; this printer had a high-security department which printed banknotes for the central banks of many countries, including some of the Swiss banknote denominations. Quality and consistency were essential in their work, and they were used to working to strict protocols.

The selected paper was ordered, the inks were delivered, the printer was on stand-by, and a plastic binding specialist had been found. Everything was ready to print the first few hundred pre-trial copies of the *WHO Haemoglobin Colour Scale*, just as soon as the three of us were issued with security clearances from Bern to enter the high-security printing unit.

After several trips to the printer to approve the rendition of each of the ten colours, several weeks later the first colour scales were delivered, and handed over to Gordon and Mitchell to run trials and other tests. Gordon then took to prowling the corridors of WHO with his *WHO Haemoglobin Colour Scale*, finger pricks, and test papers at the

ready, asking anyone he met whether he might take a small sample of their blood!

The initial test results were very encouraging. They indicated that the number of scale colours should be reduced from ten to six, representing 4, 6, 8, 10, 12 and 14 g/dl, as ten colours proved unnecessary and too difficult to differentiate. After some other fine-tuning everything was ready for production of the trial copies.

Trial copies were sent out worldwide and before long Gordon and Mitchell were being contacted with requests for more copies of the scale, as they were proving easy to use, and producing accurate readings.

The results of the trial

The trial of the project was a great success, fully achieving the objectives, and the subsequent field trials, feedback and reviews were most encouraging.

Gordon and Mitchell wrote up their findings in several journals (2) and for their major article in the *Journal of Clinical Pathology*, I was named co-author, despite my protesting that I was carrying out the task that WHO employed me to do – but there was no arguing with Gordon!

A comparison of costs, the HemoCue® versus the WHO Haemoglobin Colour Scale, in 1995

In that year a HemoCue® device cost over 1000 USD, depended on a 220V mains supply, was bulky and heavy, and required a special single-use microcuvette costing 1 USD each, i.e. 1 USD per test. It was calculated that with funding to manufacture the colour scales in bulk, they could be produced, complete with 1000 test papers in a dispenser, for less than USD 20, i.e. 2 cents per test.

Would progress in micro-electronics have made the colour scales obsolete?

Even with a light and portable battery-operated HemoCue® currently available for well under 400 USD, they still require a special single-use microcuvette, now selling for around 1.50 USD each, i.e. 1.50 USD per test. These devices therefore remain inaccessible to many developing countries.

The cost of producing the *WHO Haemoglobin Colour Scale* in bulk would have increased about 4-fold since 1995, so the cost per test would, even now, be less than 10 US cents.



The search for major funding

Gordon and Mitchell approached all their contacts, in WHO and beyond, to raise the necessary funds (50,000–100,000 USD) to produce enough colour scales to start the ball rolling. Once the first batch was financed and distributed, the project was expected to become self-financing via the WHO Revolving Sales Fund.

Unfortunately, sufficient funding to put the *WHO Haemoglobin Colour Scale* into bulk production was not identified, and so the project could not proceed beyond the successful trial stage.

It was to Gordon's lasting regret that the *WHO Haemoglobin Colour Scale* did not proceed to mass production as a WHO product. Had it done so, it could still be making a valuable WHO contribution to public health in many countries, particularly those in most need. The project was instead licensed to a commercial enterprise, with no WHO involvement. A sad conclusion to Gordon's brilliant project and his tenacity.

Keith Wynn

References

(1) This was in the midst of the HIV/AIDS pandemic. However, Gordon assured us that all the blood had been screened and tested by Dr S. Mitchell Lewis and was safe! Mitchell was Head of the WHO Collaborating Centre for Haematology Technology, Department of Haematology, Imperial College School of Medicine, London, and Chair of the International Committee for Standardisation in Haematology (ICSH).

(2) The pre-trial article, with a colour scale of ten g/dl levels: A simple and reliable method for estimating haemoglobin. Stott GJ, Lewis SM. *Bulletin of the World Health Organization*, 1995, **73** (3):369-373

<https://apps.who.int/iris/bitstream/handle/10665/264012/PMC2486662.pdf?sequence=1&isAllowed=y>

The main-trial article, with a colour scale of six g/dl levels: An inexpensive and reliable new haemoglobin colour scale for assessing anaemia. S M Lewis, G J Stott, K J Wynn. *Journal of Clinical Pathology*. *J Clin Pathol* 1998; **51**:21–24

<https://jcp.bmj.com/content/jclinpath/51/1/21.full.pdf>

UNIAG – UNITED NATIONS INTER-AGENCY GAMES

UNIAG 2022

We have learned that the plans to organize the 47th Inter-Agency Games in Copenhagen, Denmark, on 15–18 June 2022, are being pursued. It is believed that the coronavirus pandemic will have subsided sufficiently by June for sanitary controls to be relaxed on sporting events (already the case in Denmark) and for normal travel and hotel bookings to have resumed.

Formal confirmation, together with preliminary guidance on the arrangements, is expected shortly. A dedicated website (www.interagencygames.org/newsite/) will progressively provide information on the different sports, their rules and their venues. As on previous occasions, registration for the Games will need to be made through agency focal points (WHO: devilliers@unicc.org).

The series of articles **Anecdotes from the Annexes** continues on page 17. In this issue you can enjoy stories from L, Louis-Casaï and X, plus some more from V. To set the scene for the X Annex anecdotes, we have some photos of HRP in action, with more on the inside front cover.



1983: The leaving party for Director Alex Kessler, who is highly amused by a comment from one of the staff, having just unwrapped his leaving gift, believed to be a coffee machine. Tabitha Stanley, and Hazel Ziaei behind her, both find the intervention very funny too.



HRP Xmas Party 2004 – Theme: Gods and Goddesses. *Bacchus* played by Tim Farley and Lynda Pasini in the role of *Helios*. Behind Tim is Raju Khanna.



HRP Xmas Party 2010 – Theme: Endangered or Exotic Animals. The happy queen bee – so well disguised we are unable to identify her, can you help?



HRP Xmas Party 2010 – Theme: Endangered or Exotic Animals. Hazel Ziaei is the elegant peacock (a peahen surely?).



HRP Xmas Party 2010 – Theme: Endangered or Exotic Animals. The red-nosed reindeer is Tim Farley and Lynda Pasini (again), in the background Maureen Dunphy.

TOGETHER WHILE APART



Association of Former WHO Staff

Eastern Mediterranean Region

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**IN LOVING
MEMORY**

Note: Kindly send your contributions to:

Name: Dalal Aly

Email: multiact1@yahoo.com

DEAR FAMILY MEMBERS,

I AM HONORED TO INTRODUCE TO YOU THE FIRST EDITION OF THE AFSM/EMR NEWSLETTER. I TAKE THIS OPPORTUNITY TO EXTEND MY APPRECIATION AND GRATITUDE TO DR AHMAD EL MANDHARI, REGIONAL DIRECTOR, EASTERN MEDITERRANEAN REGION, WHOSE RECOGNITION OF THE ASSOCIATION AND HIS SUPPORT WERE FUNDAMENTAL TO ITS SUCCESS. WE WILL CONTINUE TO RELY ON HIS SUPPORT AS WELL AS ALL THE STAFF IN THE REGIONAL OFFICE AND COUNTRIES OF THE REGION TO BE THE SAFE LOCK OF THE CHAIN OF WHO/EMR .

APPRECIATION IS ALSO EXTENDED TO DALAL AND ATA FOR THE EFFORTS EXERTED IN BRINGING THIS EDITION TO LIGHT, AS WELL AS THE AID PROVIDED BY THE DESIGN UNIT TEAM, TAREK NOUR ADVERTISING AGENCY FOR A PROFESSIONAL WORK. IT IS OUR PLAN TO PRODUCE 2-3 ISSUES PER YEAR TO MEET YOUR SATISFACTION. THEREFORE, WE AWAIT YOUR SUGGESTIONS AND CONTRIBUTIONS

Hanaa Ghoneim

ASSOCIATION OF FORMER STAFF MEMBERS/ EASTERN MEDITERRANEAN REGION (AFSM/EMR)

Associations for former staff of the World Health Organization existed in all Regions years ago, while unfortunately, no association existed for EMR former staff.

Guided by the statement of the Director General *“Retirement does not break the relationship and once a member of WHO, always a member of WHO”*, and following the participation of an EMR Retiree to the First Global Meeting of WHO Former Staff on 2 March 2021, it was essential to establish an Association to look after the needs of the former staff and to have an unbroken chain of communication and relationship.

On 29 March 2021, AFSM/EMR was launched and announced to the Regional Office. An official correspondence was sent to the Regional Director, Dr A. Al Mandhari. On 31 March 2021, AFSM/EMR was announced to all sister Associations of the Organization.

The Objectives of AFSM/EMR

02.

- Resume relationship of former staff with the Regional Office Administration/Management and Active/serving staff
- Calling for equal right of the retirees especially regarding Staff Health Insurance, being equal paying members
- Building communication with Pension Fund and Pension Units to ensure smooth action regarding the Certificate of Entitlements and solving other problems for retirees
- Reaching retirees in the countries of the region, and building relation with WHO representatives
- Resuming social activities among former staff
- Introducing logistics to facilitate communication among former staff i.e. newsletter and website
- Create communication with staff approaching retirement for guidance and advice



Relation with Sister AFSMs

As mentioned above each region has its own association. All associations meet twice a year. These meetings started only in 2021, the first was in March and the second was in September. Each AFSM is hosted by one of the Associations.

It is expected that the third meeting would take place in March 2022 and it is hosted by AFSM/EMRO.

During these meetings all challenges, achievements and problems are discussed.





Achievements

During the few months since the birth of our Association, we were able to have a number of achievements, most important of which are:

- Having full support of the Regional Director
- Resumed good relations with Administration of the Office and different other Units
- Resumed reimbursement of an important medicine "Osteocare"
- Received briefing organized by SHI
- Starting communication with WRs
- Receiving Vaccination against COVID 19
- Arranging with Office for Influenza Vaccine
- Arranging for Induction Package with EMRO/HR
- In process to resume coordination with Staff Association
- Facebook page initiated for communication with all members AFSM/EMRO
- Initiate the production of a newsletter



The background of the slide is a photograph of a forest with trees and a rocky cliffside. A large blue rectangular box is overlaid on the left and center of the image, containing the text. In the top right corner of the blue box, there are two horizontal blue lines. In the bottom left corner of the blue box, there are also two horizontal blue lines.

Conclusion

AFSM is established as a long-living committee that looks after the needs of the former WHO Staff. The Committee is ready to help and guide members whenever required.

The Association is also ready to provide advice to all those who are approaching retirement as required.



WHAT YOU NEED TO KNOW ABOUT COVID-19

AS THE WINTER MONTHS APPROACH, THE MOST EFFECTIVE WAY TO PROTECT YOURSELF FROM INFLUENZA AND SEVERE COVID-19 IS TO GET VACCINATED WITH BOTH INFLUENZA AND COVID VACCINES.

BOTH COVID-19 AND INFLUENZA ARE SPREAD BY DROPLETS AND AEROSOLS WHEN AN INFECTED PERSON COUGHS, SNEEZES, SPEAKS, SINGS OR BREATHE. THE DROPLETS AND AEROSOLS CAN LAND IN THE EYES, NOSE OR MOUTH OF PEOPLE WHO ARE NEARBY – TYPICALLY WITHIN 1 METER OF THE INFECTED PERSON, BUT SOMETIMES EVEN FURTHER AWAY. PEOPLE CAN ALSO GET INFECTED WITH BOTH COVID-19 AND INFLUENZA BY TOUCHING CONTAMINATED SURFACES, THEN TOUCHING THEIR EYES, NOSE OR MOUTH WITHOUT CLEANING THEIR HANDS.

VACCINATION IS AN IMPORTANT PART OF PREVENTING SEVERE DISEASE AND DEATH FOR BOTH COVID-19 AND INFLUENZA. FOLLOW THE ADVICE OF YOUR LOCAL AUTHORITIES ON GETTING THE INFLUENZA AND COVID-19 VACCINES.

EVEN AFTER YOU HAVE BEEN VACCINATED, IT'S STILL IMPORTANT TO WEAR A MASK AND PRACTICE PHYSICAL DISTANCING, AVOID CROWDED AND POORLY VENTILATED PLACES AND SETTINGS, OPEN WINDOWS OR DOORS TO KEEP ROOMS WELL VENTILATED, COUGH OR SNEEZE INTO A BENT ELBOW OR TISSUE AND THROW THE TISSUE INTO A CLOSED BIN, CLEAN YOUR HANDS FREQUENTLY, AVOID TOUCHING YOUR EYES, NOSE, AND MOUTH, AND STAY HOME IF YOU DON'T FEEL WELL.

CARE

LIVE

COVID-19 UPDATES IN THE EASTERN MEDITERRANEAN REGION

The numbers of newly reported cases and deaths is decreasing across the Region overall. However, during the last week of October, six countries reported an increase in new cases when compared to the previous week, with Oman, Qatar and Afghanistan reporting the highest increases. Seven countries reported an increase in new deaths, with the highest numbers reported from Afghanistan, Lebanon and Tunisia.

In Egypt, there has been an increase in the number of the newly reported cases and deaths in the past 13 and 10 weeks, respectively. Vaccination coverage in Egypt is average, with 7.0% and 10.0% of the population partially and fully vaccinated, respectively. Countries in the Eastern Mediterranean Region are working to boost COVID-19 vaccination activities to reach WHO's global targets to vaccinate 40% of their populations by the end of the year.



For more information, visit
<http://www.emro.who.int/covid19>

GO GREEN 03.

The five most important industries that affect environmental changes are:



ENERGY



FASHION



AGRICULTURE



TRANSPORT



FOOD RETAIL

The main factor of environmental pollution would be energy. It affects air, water and in some cases soil. We all rely on energy for obtaining power as well as other activities in life: from basic things like charging mobiles to powering passenger planes.

With growth of population worldwide, energy needs accordingly will increase. These needs are mostly met by burning fossil fuels.

It has been estimated that during 2019, the world burnt around 100.3 million barrels of oil/day. This is an approximately 15% rise in oil consumption since 2006. This increase in fossil fuel burned/day, leaves the atmosphere worse with each passing year. On top of climate changes, animal and plant species are disappearing. It is estimated that fossil fuel combustion and industrial processes contribute about 78% of the greenhouse effect.

The ocean is also feeling the impact of the oil and energy industry where recurring oil spills cause harm and damage to the natural habitat due to water dwellings. The harm extends to the birds and animals relying on water. In 2016 more than 116000 tons of oil were spilled and polluted the surrounding waters and soils.

The effect of the use of fossil fuel is felt worldwide, exhibited in a change in world climate: floods, seasonal storms, increase in temperature of seas, hot summers and extremely chilly winters, earthquakes, typhoons, etc.



**AGE IS AN ISSUE OF THE MIND OVER MATTER...
IF YOU DO NOT MIND IT, IT DOESN'T MATTER**

-MARC TWAIN

Few governments are taking positive steps in reducing the use of fossil fuel, yet the road is long ahead. More aggressive steps need to be taken not only on a country level but also on the individual level. Though the dramatic changes lie in the hands of governments, individuals have a responsibility as well. Our lifestyle contributes to that change, with many solutions proposed: as in the use of solar energy in our homes which, though a bit expensive in its installation, saves money in the long run; electrical cars; more greenery, using LED bulbs, turning off light and appliances when not needed, join a society or NGO dedicated to environmental and climate change to get practically involved.

There is so much to do to save Mother Earth ...as a proof ... the lockdown of COVID 2020 ... air got purer, wildlife got a chance to reclaim land, 500% decrease in sewage and industrial effluents in rivers, a decrease in noise level ranging from 38 to 65%.



THAT BEING SAID WHAT CAN WE DO ABOUT IT?



**REDUCE DEPENDENCE ON
FOSSIL FUE**



**CAMPAIGNS TO HOLD BIG
COMPANIES IN THE ENERGY
INDUSTRY RESPONSIBLE AND
ENSURE THAT THEY ARE EXPLORING
CLEANER SOURCES OF ENERGY**



**CUT DOWN ON PROPER
CONSUMPTION IN RESIDENTIAL AND
COMMERCIAL ESTABLISHMENTS**



**MORE ENERGY PROVIDERS NEED TO
DEPLOY SYSTEMS THAT CAN
CAPTURE CARBON DIOXIDE DURING
FOSSIL FUEL CONSUMPTION,
STOPPING IT FROM REACHING THE
ATMOSPHERE.**



**IMPROVING THE EFFICIENCY OF
EXISTING FOSSIL FUEL POWER
STATIONS THROUGH USING LOWER
EMITTING POWER PLANTS**

More on the topic will be revealed in coming issue where fashion astonishingly holds second place in environmental pollution, exceeding Agriculture

EARTH MOODS 04.

EGYPT



LEBANON



EARTH MOODS ARE DOCUMENTARIES PRODUCED BY NATIONAL GEOGRAPHIC CHANNEL. THE DOCUMENTARIES CARRY EARTH'S GREATEST NATURAL SCENERY TAKEN FROM ALL OVER THE WORLD.

THIS IS THIS EDITION'S PICK ENJOY THE SERENITY.

TACT IS THE ABILITY TO TELL SOMEONE TO GO TO HELL IN SUCH A WAY THAT THEY LOOK FORWARD TO THE TRIP

-WINSTON CHURCHILL

DOWN MEMORY LANE 05.



**MARY - MAGDA - MADIHA (RIP) - ENAAM - NAWAL -
LILY- FERIAL - AZIZA - CHERINE - MONA - YOLANDE -
LILIANNE - SUSSI**

WHO EMRO Retirees at their weekly meeting, Alexandria Sporting Club, Alexandria Egypt,

These great ladies walked the corridors of the Eastern Mediterranean Regional Office, Alexandria, Egypt, teaching, training, mentoring and setting an example to all

DO IT YOURSELF 06.

I am a fan of discovery channels and other living and style channels. They tend to update our knowledge of the world we live in besides providing some extremely beneficial tips. In a program called Renovation kings, group of builders went to an African country to build a shelter for children and supply them with beneficial vegetation as a food source. This is how they went along with it. This method can be applied anywhere in any place of our houses or residences:

1- PLACE A PLASTIC BOTTLE (BE IT A WATER BOTTLE OR SODA) HORIZONTALLY



2. USING A SCISSORS OR A CUTTER, WHICHEVER IS FEASIBLE, AND REMOVE ¼ OF THE UPPER SIDE OF THE BOTTLE



3- SURROUND THE OVERTURE WITH TAPE OF ANY KIND TO PREVENT IT FROM SCRATCHING YOUR HAND

4. PLACE ADEQUATE AMOUNT OF SOIL IN THE BOTTLE



5-PLANT SEEDS ESPECIALLY THOSE THAT POSSESS SMALL ROOTS, E.G., WATER CREST, GREEN ONIONS, EVEN MOLOKHIA

6-IF YOU HAVE MORE THAN ONE BOTTLE, YOU CAN CONNECT THEM ALL WITH ROPES AND HANG THEM AGAINST THE WALL OF A BALCONY, KITCHEN OR WHATEVER

RECIPE

07.



1 kg potato

Boil and cut into cubes

4-5 pickled lemons and chop into small pieces

Celery

Juice of two lemons

Salt and pepper

1 tablespoon of olive oil

and any additions that you favour

Large spoon of mayo sauce Mustard (as per your taste)

Mix all ingredients together and

Bon Appetit

MY STORY 08.

My story with writing goes a long way back to my childhood. Being a daughter of a writer, it was normal to have long conversations with my father on how to envision situations, characters, even how to build up dialogue. His passion for writing was infested unto me and encouraged me to read a lot. Moreover, my position as NPO Translator in EMRO added and sculptured my passion.

Ever since I was a child, I always kept a notebook by my bedside to write my thoughts, ideas and so forth. At the age of 18...an article in HAWAA magazine was published, a well-known weekly periodical. With family, kids and vocation commitments huge responsibilities emerged as with all households, hardly making any real time for writing but the urge to write never escaped me and was always there. With retirement and kids all grown up, spare time shined through and I was able to write at my heart's content. My first novel was published in 2020 followed by another in 2021. Both publications were able to make it in several international book exhibitions and had favorable feedback.

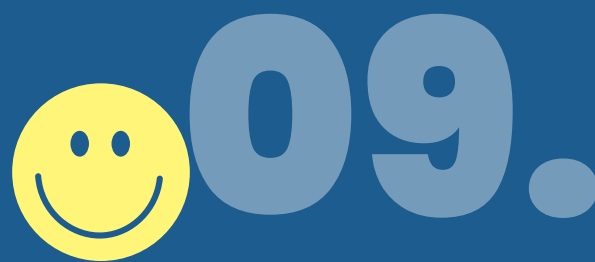
AFAT MASHAAL

Afat's third novel is on the way



THE ART OF KNOWING IS TO KNOW
WHAT TO IGNORE

-RUMI



😊09.

HOPING FOR A VERY SPECIAL OUTFIT, I WENT INTO A SHOP, THOUGH VERY TIRED, I HAD TO CLIMB STAIRS AND THEN TURN LEFT. SUDDENLY, I HIT A PERSON COMING FROM THE LEFT AS WELL. BEING POLITE, I STARTED APOLOGIZING, EXPLAINING THAT IT WAS NOT INTENTIONAL. RAISING MY HEAD TO FACE THE PERSON I BUMPED INTO, I REALIZED THAT I BUMPED INTO A MIRROR AND WAS APOLOGIZING TO MY REFLECTION. FEELING ASHAMED, I LOOKED AROUND ME WONDERING IF ANYONE ELSE WITNESSED WHAT JUST HAPPENED. SEEING THEIR LAUGHTER AND SMILES, I BURST INTO LAUGHTER MYSELF. A SIMPLE INCIDENT, BUT IT BRIGHTENED MY DAY. I WAS IN NEED OF THAT SMILE WHICH CHANGED MY TIRED ATTITUDE AND I THINK IT BROUGHT A BIT OF CHEERFULNESS TO MY AUDIENCE AS WELL. SMILES AND LAUGHTER HAVE BECOME EXPENSIVE AS THE OUTFITS OF THAT SHOP!

10. IN LOVING MEMORY

DR. MOHAMED HELMY WAHDAN

DR. MOHAMED HELMY WAHDAN, PASSED AWAY ON THURSDAY, 24 DECEMBER 2020 AT THE AGE OF 87. DR. WAHDAN WAS PRESIDENT, HIGH INSTITUTE OF PUBLIC HEALTH, ALEXANDRIA UNIVERSITY. HE JOINED WHO AS DIRECTOR, COMMUNICABLE DISEASE CONTROL DURING THE 1990S, HE WAS ASSIGNED AS ASSISTANT REGIONAL DIRECTOR (TO DR. HUSSEIN A. GEZAIRY). FOLLOWING HIS RETIREMENT, HE WAS DESIGNATED AS SPECIAL ADVISER TO THE REGIONAL DIRECTOR FOR POLIO ERADICATION INITIATIVE. HE WAS KNOWN FOR HIS DILIGENCE, ENERGY AND DRIVE. HE WAS LOVED AND RESPECTED BY ALL.

AHMED HASSANEIN

AHMED HASSANEIN JOINED WHO IN THE EARLY 80S AFTER HE GRADUATED FROM THE FACULTY OF FINE ARTS IN ALEXANDRIA UNIVERSITY. HE FIRST JOINED THE PRINT SHOP, THEN WORKED AS A GRAPHIC DESIGNER UP TILL THE WHO MOVED TO CAIRO.

HE WAS LOVED BY ALL HIS COLLEAGUES AS HE EXTENDED HIS HELP TO EVERYONE AND HIS FACE WAS ALWAYS SMILING. HE KEPT WORKING UP UNTIL HIS RETIREMENT. HE WAS KNOWN FOR HIS LOYALTY AND LOVE TO THE WORK OF WHO AND HIS COLLEAGUES AND FRIENDS

HE PASSED AWAY IN MAY 2021 AND WE WILL ALWAYS REMEMBER HIM WITH GOOD FAITH.

AHMED AMIN

AHMED AMIN IS THE SON OF OUR DEAR COLLEAGUE MANAL EL KASSIFY. HE PASSED AWAY IN JULY 2020 AFTER A LONG STRUGGLE WITH ILLNESS.

OUR HEARTS AND PRAYERS WILL ALWAYS BE WITH HIM AND HIS FAMILY.



**AFSM/EMR WISHES YOU AND YOUR BELOVED ONES
A HAPPIER NEW YEAR 🍷**

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