We all remember WHO annexes V, X, L, M, and C. How many of us recall that there was an even earlier WHO annex in Petit-Saconnex in 1965, shown above? Constructed by the ILO as an annex for their own staff, the WHO Health Legislation Unit was also accommodated there.

Read the fascinating story on page 20.
Anecdotes from the Annexes

Another hoard of priceless photos from the glory days of the X annex have come to light.
(See Readers’ Letters on page 34, and more photos on the outside back cover)

HRP annual party, 2009.
Theme: *Flower Power*.
From left to right Svetlin Kolev, Barbara Kayser, Lynda Pasini, Nalini Wijesundera.
*Photo: Henriette Jansen*

HRP annual party, 2003.
Theme: *James Bond*.
Henriette Jansen as the golden girl in *Goldfinger* and Tim Farley playing the villain Scaramanga in *The Man with the Golden Gun*. This villain clearly couldn’t afford to buy a gun holster.
*Photo: Henriette Jansen*

HRP annual party, 2007.
Theme: *Mexico*.
From left to right, an unidentified “Mexican” – can you help? Manizah Imam as Speedy Gonzalez Sybil de Pietro.
*Photo: Henriette Jansen*
When you read this your Committee will have met in person at WHO for the first time since early in 2020. Entry into the WHO building is still restricted, and all participants had to be registered with reception before the meeting.

In this issue we complete the publication of the series of Anecdotes from the Annexes. This includes the history of a WHO annex that many of us may never have heard of, or long ago forgotten.

By popular request we have commenced a new series – Memories from the Main – with further interesting stories. The main building at WHO was not without amusing, sad, interesting, or bewildering tales. If you have any stories or photos that you would like to share, please send them to me; they will be published anonymously, unless you request otherwise.

You should have received the Pension Fund form “Certificate of Entitlement” (CE) unless you are signed up for the Digital CE on your smartphone. If you have not yet received it, contact the Pension Fund. If you have received it, it must be signed, dated and returned to the Pension Fund, either by post or by uploading to your Member Self-Service page.

 Keith Wynn

AFSM: Office L 71, WHO, CH-1211 Geneva, Switzerland. Tel.: +41 (0) 22 791 3192 or e-mail: aoms@who.int or afsm_aoms@who.int. Presently, there is no access for retirees due to Covid restrictions. Alternatively, please leave a message and someone will call you back. Website: https://www.who.int/about/former-staff. Resources for retirement: visit the site, https://www.who.int/about/former-staff/resources, and on this same page click on the 8th item for Formalities concerning the death of a WHO retiree.

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

Pensions (UNJSPF): Contact by e-mail no longer possible, to send an electronic message use the contact form on the Fund’s website, https://www.unjspf.org/contact-us/. Visitors: Presently, there is no access for retirees due to Covid restrictions. 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.
AFSM, after the pandemic?

At last! On July 29, the administration issued an information note modifying the working arrangements "in the context of a return to normal working arrangements" following the Covid-19 pandemic, which required the implementation of large-scale teleworking. The details of this policy on working arrangements, which came into effect from 1st September, do not concern us directly of course, but we have now received authorization to hold our monthly meetings in a meeting room at WHO. Free access for retirees is not yet fully authorized, we hope soon. As soon as we can hold our open-door permanence, we will inform you.

Let's just hope that another wave of a Covid-19 variant doesn't thwart our plans.

Elections. July 31 was the deadline for receiving applications for the next Executive Committee, and we had received 13 candidates for 12 members to be elected. Only the current members of the Committee declared themselves candidates, including those who had recently been co-opted.

We discussed the situation among the ExCom members. In the interests of the Association, to avoid the time-consuming and costly election process and the embarrassment of just one of our current members not being elected, four ExCom members kindly offered to withdraw their candidature. Three are previously elected members and one is a current co-opted member. After deliberation and consultation, the offer of withdrawal by the current co-opted member – Ambi Sundaram – has been accepted and acknowledged by the ASFM chief Polling Officer. Ambi has assured us that his commitment to the AFSM will remain strong and his continuing co-option will be an early item on the agenda for the new Executive Committee when it holds its first meeting in October. We thank Ambi very much for his kind gesture (and those other three members who made the same offer) and look forward to his continuing commitment.

The members of the Executive Committee from October 2022–October 2024 will therefore be:

- Michèle Bernard Evans
- Sue Block Tyrrell
- Robert Bos
- Laura Ciaffei
- Maria Dweggah
- Barbara Fontaine
- Jean-Paul Menu
- Edmond Mobio
- Dev Ray
- Ann Van Hulle-Colbert
- Keith Wynn
- Anne Yamada

Preparations for the United Nations Decade of Healthy Ageing Webinar, announced in our previous issue, are well underway. It will be held on October 6 and it is expected that Dr Tedros will address us on this occasion. You will receive information on how to connect in due course.

Following the changes in the WHO rules concerning logos (QNT 128, page 5), several proposals for a new AFSM/AOMS logo were considered by the members of the Executive Committee and the Editorial Board. Although conforming to the new rules, the logo proposals were not unanimously accepted by the
members. Other proposals are in preparation. They will then be submitted to the WHO department responsible for approving the new logos. We will report on progress in the next issue.

The Certificate of Entitlement to Pension Benefits for 2022 was sent in July to pensioners who have not opted for the Digital Certificate. We remind you that it is now possible to sign it, scan it, and upload it to your Member Self-Service screen on the Pension Fund website. In case of difficulties, let us know and we will report the information to the Fund.

It has been several months since our website (https://www.who.int/en/about/former-staff) was required to reduce its content. We are presently developing an additional SharePoint site where we can place more information. Access to it will be reserved for those of our members who have provided us with their email address. We will provide you with more information when the SharePoint becomes functional.

Finally, we are studying the possibility of holding an annual reception at WHO in the Autumn.

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

EXECUTIVE COMMITTEE MEMBER RECEIVES HONOUR

Robert Bos honoured for decades of worldwide hygiene activity

On 28 July 2022 our Executive Committee colleague Robert Bos was presented with an honorary Doctorate in Science from the University of West London (UWL). This degree was bestowed upon him for the efforts promoting public health during his 32-year career with the World Health Organization.

Originally a graduate from the University of Amsterdam (MSc Medical Biology; MSc Basic and Clinical Immunology), his career with WHO started in 1981 as an Associate Professional Officer in the WHO Country Office in Costa Rica, and was completed 32 years later at WHO HQ Geneva as Coordinator, Water, Sanitation and Health.

The Dean of UWL’s College of Nursing, Midwifery and Healthcare expressed his pride in celebrating the award with him at the graduation ceremony in Twickenham, UK and emphasized the inspiring example he had set for the future healthcare workers graduating from the UWL the same day.

On behalf of the AFSM membership, the Executive Committee extends its congratulations to Robert for this well-deserved accolade.

The Executive Committee
Seuls ! Vraiment ? (*Alone! Really?*)
(A collection of illustrations by the author, each with a short text in French)

Charles Boelen

He often poses questions to which he does not provide answers. He wants us to enter his world which speaks to us of nature, feelings, social differences and the smallness of man in the face of a universe he observes from afar. Man is alone in the face of a universe of which he is nevertheless a part. With his light style, the author would like to lead the reader to question his own existence. Perhaps the period in which Charles created these texts has much to do with it.

It was the cruellest period during the Covid-19 pandemic; the start of lockdown. Humanity found itself facing an unknown virus that was causing so many deaths and after the initial bewilderment, in their isolation, the great universal themes were once again relevant. Everyone, within their own experiences, has identified them in their life course. Artists have often found the means of expression that characterize them.

In this case the lockdown was, for our colleague, the pretext to represent particular moments of human life. The book consists of eighty drawings and their accompanying texts, in ten sections. As the author says in the foreword to the book, these drawings attempt to depict the tension between a frantic search for individual freedom and an unwavering attachment to the world to which one belongs. Charles sketches moments of life, of his own emotional life, limiting himself to black and white, with rare colour drawings. He explained to me that this is due to the fact that he is colour blind.

The drawings are undated, and this does not allow us to trace a chronological course of the author’s progression. He told me that he has always sketched and he even used his drawings in meetings at WHO to convey messages more easily between representatives of different cultures.

Laura Ciaffei
NEWS FROM WHO

Highlights of news from WHO

• On 20 May WHO published the latest comprehensive set of World Health Statistics to 2020, the first year of the Covid-19 pandemic which led to an estimated 4.5 million excess deaths in that year. https://www.who.int/data/gho/publications/world-health-statistics

• On 3 June, WHO launched a policy brief on why mental health is a priority for action on climate change at the Stockholm+50 conference and to mark World Environment Day on 5 June. https://www.stockholm50.global/

• On 7 June, the United Nations marked World Food Safety Day with the theme of “Safer food, better health”. https://www.who.int/campaigns/world-food-safety-day/2022

• On 15 June, on the occasion of World Elder Abuse Awareness Day, WHO and UN partners released a new publication Tackling abuse of older people: five priorities for the UN Decade of Healthy Ageing 2021–2030: these priorities were developed through wide consultation with key stakeholders – to combat ageism, generate more and better data, develop and scale up cost-effective solutions, make an investment case, and raise funds.

• On 17 June, WHO released its largest review of world mental health since the turn of the century, World Mental Health Report: Transforming mental health for all. https://www.who.int/news-room/events/detail/2022/06/17/default-calendar/launch-of-new-who-mental-health-report--transforming-mental-health-for-all

• On 21 June, WHO and the World Meteorological Organization, the United Nations Environment Programme and the International Labour Organization launched a new app for mobile phones that provides localized information on ultraviolet (UV) radiation levels: the SunSmart Global UV app provides five-day UV and weather forecasts at searchable locations and also personalized options so that users can take actions to protect prolonged, excessive UV exposure which is a major cause of skin cancer and other UV related diseases. It is available free of charge at both the Apple App (https://apps.apple.com/lu/app/sunsmart-global-uv/id1571645042?) and Google Play stores (https://play.google.com/store/apps/details?id=au.org.cancervic.globaluv&hl=en&gl=US) and is currently available in Chinese, Dutch, English, French, Russian and Spanish.

• In its 2021 report, released on 22 June, WHO describes the development of new antibacterial treatments as inadequate, with the antibacterial clinical and preclinical pipeline as stagnant and far from meeting global needs. Since 2017, only 12 antibiotics have been approved, 10 of which belong to existing classes with established mechanism of antimicrobial resistance. https://www.who.int/publications/i/item/9789240047655

• On 30 June, the World Bank approved a new financial intermediary fund (FIF) for pandemic prevention, preparedness and response. The FIF will complement the financing and technical support provided by the World Bank, leverage the strong technical expertise of WHO and engage other key organizations.

• At the two-day High-level Meeting of the UN General Assembly on Improving Global Road Safety held at UN headquarters on 30 June–1 July, a political declaration was adopted by Member States on Global Road Safety: it commits to cut road traffic deaths and injuries by
50% by 2030, a milestone for road safety and sustainable mobility.

- On 12 July, WHO released the first-ever report on the pipeline of vaccines currently in development to prevent infections caused by antimicrobial-resistant bacterial pathogens. [https://www.who.int/publications/i/item/9789240052451](https://www.who.int/publications/i/item/9789240052451)


- The second meeting of the Intergovernmental Negotiating Body to draft and negotiate a WHO convention agreement or other international instrument on pandemic prevention, preparedness and response was held on 18–21 July: the members agreed that it should be legally binding. They are working to conclude the agreement in May 2024: a progress report will be presented to the 76th World Health Assembly in 2023.

- On 20 July, WHO published its first World Report on the health of refugees and migrants. [https://www.who.int/publications/i/item/9789240054462](https://www.who.int/publications/i/item/9789240054462)

- The second meeting of the International Health Regulations (IHR) Emergency Committee concerning the multi-country outbreak of monkeypox was held on 21 July. The Committee did not reach consensus regarding advice on determination of the outbreak as a Public Health Emergency of International Concern (PHEIC). Recognizing the complexities and having considered the views of the Committee members and Advisors, as well as other factors in line with the IHR, the Director-General determined that the outbreak constitutes a PHEIC and issued a set of temporary recommendations.

- At the 24th International AIDS Conference 29 July–2 August, Dr Soumya Swaminathan, Chief Scientist at HQ, received the International AIDS Society President’s award: Dr Swaminathan dedicated the medal to the WHO team members who work around the clock on the toughest health challenges facing the world.


- On 15 August, the Director-General met with former Manchester United footballer Patrice Evra to discuss support for WHO’s work to prevent violence against children.

- 17 September is World Patient Safety Day – this year’s theme is “Medication Safety” – Medication Without Harm ([https://www.who.int/initiatives/medication-without-harm](https://www.who.int/initiatives/medication-without-harm)).

Regional Committee meetings:

- AFRO – 72nd session, Lomé, Togo, 22–26 August
- AMRO – 74th session, Washington, DC, USA, 26–30 September
- EMRO – 69th session, Cairo, Egypt, 10–13 October
- EURO – 72nd session, Tel Aviv, Israel, 12–14 September
- SEARO – 75th session, Thimphu, Bhutan, 5–9 September
- WPRO – 73rd session, Manila, Philippines, 24–28 October

Further information and documentation can be found on the WHO website – [www.who.int](http://www.who.int).

Sue Block Tyrrell
Orthopaedic insoles

This article was suggested to me following an email received from a colleague. “... we love walking. A problem developed in my left foot meaning that whereas before we would walk 15 kms, the pain was too severe to walk more than 2 or 3 kms. With my new insoles I can again walk 10 kms, I haven’t yet tried 15 or more. However, I find it incredible that a small piece of carefully moulded plastic and rubber can provide such relief...”

It is impossible for standard shoes to adapt to all foot morphologies. Thus, many people suffer, especially during long periods of standing or walking, as a result of poor support distribution or because of benign pathologies (hallux valgus, claw toes, etc.). Using orthopaedic insoles can provide relief.

The orthopaedic insole, or plantar orthosis, is used inside standard shoes or orthopaedic shoes (not covered in this article). It is prescribed to patients suffering in particular from:

- Foot deformities (hallux valgus, flat or wide foot, hollow foot, claw toes, etc.)
- Pain in the front or back of the foot
- Inequalities in the length of the lower limbs (one leg shorter than the other).

Orthopaedic insoles act on the balance and posture of the body. Used correctly, they can save the patient a surgical operation. The following signs suggest a consultation with a podiatrist:

- Discomfort when walking due to calluses or corns
- Pain in the heel, toes or more generally in the feet
- Balance disorders
- Deformed feet

During the first consultation, the podiatrist will carry out a podiatric assessment. The podiatrist will study the posture of the body and the points of contact of the feet with the ground. The results will allow them to prescribe the treatment adapted to the morphology of the patient. In fact, there are different types of soles depending on the profiles (classic sole, thermoformed, etc.).

**Biomechanical evaluation**

This is the first stage. It allows a study of the relationship between the joints and how they respond to the various movements of the body. It establishes an overall “picture” and reveals any anomalies. The patient will thus benefit from orthopaedic insoles specific to their particular situation.

- Evaluation of the amplitude of joint movements, ankles, knees, hips;
- Examination of posture and alignment of articular structures;
- Gait analysis;
- Analysis of pressures on the sole.

The resulting imagery takes into account the structure of the feet and the pressure levels that can affect mobility and comfort. The podiatrist then determines if using an orthopaedic insole will provide a solution.
Adjustment to different terrains

The body naturally adapts to the terrain – slippery, sloping, uneven, rocky, etc. – thanks to the pressure points under the foot. Very often, these are dysfunctional, affecting the distribution of the weight load: this imbalance leads to injuries: blister, plantar fasciitis (pain coming from the thick band of tissue called "plantar aponeurosis" or fascia, which extends from the heel to the base of the toes), stress fracture, causing foot pain that can become chronic.

This is where the use of an orthopaedic insole is indicated: it favourably redistributes the load on the pressure points under the foot. Body movements, posture and muscle performance are optimized, playing a major role in the prevention of several types of foot pathologies.

Wearing shoes that are too narrow compresses the midfoot (metatarsal) bones, as well as the muscle and ligament tissue between them. This constant, daily pressure – added to friction between the structures – often causes micro tears, inflammation and noticeable pain (metatarsalgia), one of the clinical reasons why orthotists recommend foot orthotics.

Correction of posture

The orthopaedic insole plays a corrective role. It produces a realignment, allowing the muscles and joints of the whole body to move better, thus correcting posture and preventing false movements.

Pain relief

In many cases, orthopaedic insoles are indicated to relieve foot pain. These pains are mainly caused by repeated loading on tissues designed to receive a lesser load.

Types of orthopaedic insoles

The type of orthopaedic insole required is the one that best suits the patient's lifestyle. Various types of orthopaedic insole are available to meet a variety of needs: soft, cushioned, flexible, lightweight, etc. The diversity of the materials used to fabricate them – leather, foam or thermoplastic – confers different properties upon them:

- For everyday life: people who work standing up or who are active derive many benefits from these orthopaedic insoles.
- For athletes: manufactured to allow optimal muscle activation and alignment, the orthopaedic insoles are designed especially for those who wish to increase their performance and minimize the risk of injury or pain during training.
- For diabetics: the flexible and absorbent materials of this type of orthopaedic insoles help distribute pressure on the plantar surface. They are perfect for people with diabetes or osteoarthritis.
- For children: in order to follow the child's growth, these orthopaedic insoles have great elasticity. It is to correct various biomechanical shortcomings that orthotists sometimes recommend them from early childhood.

Note: The WHO Staff Health Insurance will cover 80% of 1000 USD every 2 years with a medical prescription (B214).

Dr David Cohen

References:
Kendrick Alan Whitney, (DPM) Temple University, School of Podiatric Medicine.
HEALTH AND ENVIRONMENT

Our Planet – Our Health

“You have to know where you come from in order to know where you are going”

Brief historical review
WHO’s Constitution explicitly refers to the Organization’s mandate in health and environment. Article 2 (i) requests WHO “to promote in cooperation with other specialized agencies where necessary, the improvement of nutrition, housing, sanitation, recreation, economic or working conditions and other aspects of environmental hygiene”. The driving force behind this formulation was a group of public health-minded sanitary engineers led by Professor A. Wolman, Johns Hopkins University, who was prominent in the Americas and PAHO, and a founding father of the American Association of Sanitary Engineers.

While strongly advocating engineering approaches to environmental health interventions, the pioneers in WHO’s Environmental Health (EH) Programme, most of whom were sanitary engineers, were considered “outsiders” by the mainstream medical professionals of the Organization, and they did not play a strong policy-making role in the Organization. On the other hand, Member States appreciated the technical cooperation of WHO in improving water supply and sanitation infrastructure and management, and its environmental health interventions in the prevention and control of tropical diseases such as malaria and foodborne diseases.

Overall, the programme’s remarkable performance in the year’s 1948–1972 in these areas led to the creation of a Division of Environmental Health in 1972 in HQ. The EH programme was relatively well represented at the Regional Offices through Regional Advisers and, at country level, by more than 80 sanitary engineers. In these years WHO was the only intergovernmental organization with internationally recognized experience in water supply and sanitation, waste management, and food safety. For example, UNICEF, UNDP and the World Bank had no country-based programmes in these fields and relied fully on WHO’s technical expertise.

The first UN Conference on the Human Environment (Stockholm, 1972) was held in response to the increasing environmental degradation associated with the post-war rapid economic development and industrialization. Hallmark publications such as Rachel Carson’s “Silent Spring” and Dennis Meadows’ et al (Club of Rome) “The Limits to Growth” (the 50th Anniversary of its publication is commemorated this year) helped raise global awareness of the adverse impacts of unbridled development on the environment. The Stockholm conference led to the establishment of UNEP in 1972 and, in its wake, the creation of Ministries of Environment (MoE) in many countries.

While the MoE were initially concerned with management of natural resources, they became the representatives of an “environmental conservationism” which eroded the basis of a “human centred” view of environmental degradation and its implication for human health. This development had several major consequences:

- The creation of the “greens movement”
- The ambiguity of ministries of health’s responsibility for dealing with the prevention and control of environmental determinants of human health
- The involvement of other UN agencies in environmental issues.

WHO’s reaction to this development was primarily geared to the creation of important institutions and the implementation of some organizational and programmatic changes to deal better with the impact of, for instance, environmental pollution on human health. The International Programme on Chemical Safety (IPCS) was founded in 1978 following the adoption of resolution WHA 30.47 and began operating in 1980. A regional centre for
the Promotion of Environmental Planning and applied Studies (PEPAS) was established in 1979, covering the SEA and WP regions. Technical collaboration in pollution-related projects with Member States increased considerably; for example, the writer was assigned as the first WHO Advisor in air quality management to the Republic of Korea in 1977. UNDP supported numerous intercountry projects in environmental health which were executed by WHO. Joint programmes with UNEP were introduced, notably the Global Environmental Monitoring System (GEMS) for Air, Water, Food and Radiation. With the World Bank, WHO established the Cooperative Programme in 1983 in which WHO primarily provided pre-investment planning advice, while also acting as the Secretariat of the International Drinking Water Supply and Sanitation Decade (DWSSD) 1981–1990.

The changing and intensifying environmental problems, and the resulting policy, programmatic and institutional opportunities and needs, required additional expertise. At HQ, particularly the establishment of the IPCS led to the recruitment of toxicologists, epidemiologists, radiation physicists and specialists from other related disciplines. Its normative work, such as the publication of IPCS' immensely successful Environmental Health Criteria documents, increased greatly.

Also through the IPCS, WHO had a significant impact in strengthening technical capacity in countries to identify and deal with the effects on human health of toxic chemicals, including human resource development, promoting clinical toxicology and capacity to respond to chemical exposures. Working closely with the relevant professional bodies, WHO catalysed the establishment of such bodies in many countries.

At that time the world was still recovering from the aftermath of several major industrial catastrophes: the Seveso Disaster in 1976, the Bhopal Disaster in 1984, and the Chernobyl Nuclear Disaster in 1986 are the most prominent and had catastrophic consequences for human health.

World Commission on Environment and Development

UNGA Resolution 38/161 led to the establishment of the World Commission on Environment and Development (WCED) in the fall of 1983. It was chaired by Gro Harlem Brundtland, the former Prime Minister of Norway who later became Director-General of WHO (1998–2003). The Chernobyl and Bhopal disasters occurred when the Commission was already in session. The report “Our Common Future”, presented to the world community in 1987, was a milestone in the efforts to harmonize economic development and environmental preservation. The industrial disasters gave further impetus to the urgent need for sustainable development, defined in the Commission’s report as “development that meets the needs of the present without compromising the ability of future generations to meet their own needs”.

This definition was criticized on several grounds. Importantly, human health had not been given explicit prominence by the WCED as one of the key Common Challenges identified by the Commission. When asked at the WHA in 1988 about this critical deficiency, Gro Harlem Brundtland answered: “Every page of the report is about health. Why are we concerned about toxic wastes if not because they threaten human well-being? And why do we devote a chapter to food security if health, in its widest sense, is not in our minds? We would not have carried out this work if it was not to preserve humanity”.

WHO Commission on Health and Environment

A major step towards placing health at the centre of concern for sustainable development was taken when Director-General Hiroshi Nakajima established, as a fully independent body, the WHO Commission on Health and Environment in 1990. Its main aim was to examine knowledge and understanding of the interactions between health and the environment in the context of development. As such, the WHO Commission can be regarded as an expansion and a follow-up of the WCED report in 1987.

The Commission was chaired by Simone Veil, former Minister of Health of France, and President of the European Parliament. The Commission’s 22 members were supported by four independent expert panels appointed by the Director-General, on food and agriculture, energy, industry, and urbanization – four areas that cover the main aspects of development. In its report, published in
1992, the Commission stressed that the protection and promotion of human health must be considered in the widest sense as a vital cross-sectoral issue, dependent on the continued availability of environmental resources, and on the integrity and salubrity of the environment. This year we commemorate and celebrate the 30th anniversary of this report.

Remarkably, the Commission and its Panels also examined in depth the fundamental issue of climate change and its potential direct and indirect effects on human health, which had been addressed by a WHO Task Group in 1989 (WHO/PEP/90.10). The Task Group report formed the basis of WHO’s contribution to the health section of the report of the Intergovernmental Panel on Climate Change (IPCC), founded in 1988, and to the Second World Climate Conference in 1990 in Geneva.

To underline the importance of the WHO Commission, World Health Day 1990 was dedicated to “Our Planet – Our Health” which became the title of its main report.

The report was an independent contribution to the UN Conference on Environment and Development (UNCED) held in Rio de Janeiro in 1992 and brought to the forefront the health dimension of the environment and development crisis. As a direct outcome, Principle 1 of the Rio Declaration states that “Human beings are at the centre of concern for sustainable development. They are entitled to a healthy and productive life in harmony with nature”.

The report was also instrumental in the inclusion of a chapter dedicated to the protection and promotion of human health (Chapter 6) in the agreed outcome document of UNCED, Agenda 21 (the agenda for the 21st century). It called for:

- meeting primary health care needs, particularly in rural areas
- control of communicable diseases
- protecting vulnerable groups
- meeting the urban health challenge, and
- reducing health risks from environmental pollution and hazards.

WHO Global Strategy on Health and Environment

Most importantly, the conclusion and recommendations of the Commission served as the basis for a new global WHO strategy for health and environment, as requested by resolution WHA45.31 and endorsed by resolution WHA46.20 in 1993. The Strategy (WHO/EHE/93.2) provided a unifying framework for WHO programmes and actions at WHO HQ, in the Regions and in countries calling for the participation of the whole organization in implementation of the health-and-environment activities of Agenda 21. It broadened the concept of environmental health by emphasizing (i) integrated cross-programme approaches to health-and-environment issues, and (ii) a sustainable basis for health-for-all.

Principles and approaches adopted at various regional and international forums on health and the environment were incorporated in the Strategy. These include: the 1989 European Charter on Environment and Health; the policies and priorities for “health in the development process” and “health and environment” adopted by the Region of the Americas in 1990; the Sundsvall Statement on Supportive Environments for Health of 1991; and existing WHO strategies for specific aspects of the subject.

Following the endorsement by the WHA in 1993, the ensuing years until 1998 saw a strong response by all Regional Offices in applying the Global Strategy in regional strategies and corresponding action plans, and the development of national health and environment action plans (NEHAPs). In 1998, about 100 Member States were in the process of developing such plans or had already developed them. Interregional Consultations on Environmental Health have been held annually since 1990 and have played a crucial role in forming a real organization-wide team in the field of health and environment.
There were other important developments from UNCED and the Global Strategy. In the field of chemical safety, WHO was a driving force in the establishment of the Intergovernmental Forum on Chemical Safety (IFCS) and the Inter-Organization Programme for the Sound Management of Chemicals (IOMC). It provided, through the IPCS, the required administrative and technical support leading to the selection of WHO as the host of the Secretariat for both bodies. They can be seen as good examples of intergovernmental and interagency efforts in chemical safety and as such for better coordination and cooperation in other areas such as transport and energy.

Concerning water, the Global Collaborative Council on Water Supply and Sanitation – whose Secretariat was also hosted by WHO – and the Global Partnership for Water provided forums that brought together a large number of partners to promote a better management of freshwater resources. Regarding ionizing and non-ionizing radiation, the International Programme on the Health Effects of the Chernobyl Accident (IPHECA) was established in 1991, and in 1996 WHO set up the international Project on Electromagnetic Fields (EMF) to assess the scientific evidence of possible health effects of EMF in the frequency range from 0 to 300 GHz. In the area of vector control, the Secretariat of the Joint WHO/FAO/UNEP Panel of Experts on Environmental Management for Vector Control was moved to the programme on environmental health, promoting health impact assessment of development projects initially focused on vector-borne diseases, later broadening to include all development-related health impacts. WHO played a strong policy-making and operative role in all of these bodies. The story will be continued and updated in the second part of this article, planned for publication in the January issue.

Wilfried Kreisel

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**PENSION FUND UPDATE**

**Much ado about nothing and the UNJSPF Fixed Income Portfolio**

Early this year, the Coordinating Committee for International Staff Unions and Associations (CCISUA) launched a petition soliciting signatures against the Fund Management’s proposal, approved by the Fund’s vetting process and the Pension Board, to temporarily outsource part of the Fixed Income portfolio. The petition, circulated through social media and garnering thousands of signatures, gave rise to a letter addressed to UN Secretary-General asking him to block the outsourcing. And in response to the petition, the Representative of the Secretary-General (RSG), the responsible officer for UNJSPF’s investments, issued several communications addressing the Fund’s management decision. The latter sought to bring clarity to the ensuing brouhaha and confusion caused by CCISUA’s petition and sundry social media posts from CCISUA and cohorts. Ultimately, CCISUA was reprimanded by the Chair of the Pension Board (letter, 7 July 2022) for having contravened the Board’s Code of Conduct and Ethics Policy (see Pension article QNT 127) by “undermining the decisions and agreed positions of the Board”. Further, should “CCISUA and its agents continue to violate Ethics Policy as well as the Board’s Code of Conduct, the Board will reconsider CCISUA inclusion at future Board sessions”.
From the beginning of his tenure as RSG, first as Acting in March 2020 and then officially appointed a few months later, Mr Pedro Guazo has made clear his commitment to share with stakeholders the work of the Fund's Office of Investment Management (OIM). Weekly investment position statements are now readily accessible on the UNJSPF’s website as are regularly published articles addressing investment matters. Mr Guazo has truly kept his word. The latest windfall in the name of transparency is a treasure trove of presentations on the Fixed Income portfolio, cause celebre of the recent attacks on the Fund’s management.

**Fixed Income investments:** what are these? To better understand Fixed Income let us first consider its alternative – the non-fixed income investment. Most of us are aware of the various stock markets around the world, e.g. NYSE, NASDAQ, Stock Exchanges in Tokyo, London, Hong Kong, Shanghai, CAC 40, where one can buy shares (also known as equities) in a company with the hopes that the share price will increase and a profit made when the shares are sold (i.e. traded). There is no steady (fixed) income from this type of investment: a profit (or loss) is generated only at the time of selling. Since company share values tend to fluctuate widely, one can make a lot of money, or lose a lot of money, i.e. the capital initially invested in the shares. Nonetheless, owning shares in a company is a common investment approach and readily followed by many who are not professional investment managers but have some money to invest.

In essence, Fixed Income is an investment approach focusing on capital preservation and typically includes bonds, both government and corporate, and various types of investment funds. These investment tools are less sensitive than equities to macroeconomic risks, such as economic downturns and geopolitical events. Including bonds and the like in a portfolio can offset losses in turbulent stock markets and is sound investment policy. Furthermore, bonds and investment funds offer a steady (fixed) income stream in the form of a *coupon* which is an annual interest rate paid to the investor. However, because there is less risk, profits are likely to be lower than those that can potentially be generated when trading shares. *Higher risk, greater return; lower risk, lower return* is a concept well known amongst investors.

Earlier this year, the RSG announced that over the last 15 years the Fixed Income portfolio had been underperforming the benchmarks (i.e. a group of securities such as bonds or equities which are considered a standard, or benchmark, to measure a fund’s performance). Because of the underperformance and the departure of the Director of the Fixed Income department, the Fixed Income team submitted a proposal to provide a temporary solution to improve the portfolio’s performance. Reviewed and approved by the internal committee, by the Fund’s Investments Committee, and by the Pension Board, this document set out a strategic plan to manage in-house 35% of the portfolio and make temporary use of external expertise for the remaining 65% until a new Director and a strengthened fixed income team are in place.

**Strategic Asset Allocation:** the efforts to improve the portfolio performance did not start yesterday. In 2019 following the revision of the Fund’s Strategic Asset Allocation (SAA) in light of macro and micro economic factors, the Fixed Income portfolio started to perform better. At the July 2022 Pension Board, the RSG presented a new Investment Policy Statement (IPS) with a new strategic allocation of assets and new benchmarks, particularly for the Fixed Income portfolio. It will now consist of four sub-portfolios, namely, US Treasury Bills, Securitized Debt, Credit Portfolio (corporate and government related), and Emerging Market Debt. Under the new SAA, 40% of the Fixed Income assets will be allocated to US Treasury Bills, 30% to Securitized Debt, 24.5% for Corporate Bonds, 5.5% for Government Bonds and 1% for Emerging Market Debt, compared to the former allocations of 50% for Securitized Debt, 35% for US Treasuries and 15% for Emerging Market Debt. Bond holdings, both corporate and government, used to be incorporated in a conglomerate index, whereas soon they will be in a dedicated portfolio. See below for more on the sub-portfolios.
**Passive versus Active management:** passive portfolio management means that the investor replicates in their portfolio at least 90% of the index holdings, or buys into an index fund or other mutual funds. Active portfolio management means that the manager will select certain components of the index, based on the risk/return assessment, with the objective of outperforming the index. This is a hands-on approach involving buying and selling at the right time to increase return on the investment over and above the benchmark. To do this, the manager must keep an eye on market indicators, including qualitative and quantitative data as well as broader market and economic trends.

**Rebalancing the portfolio:** in light of the new SAA coming into effect September 2022, OIM is working towards rebalancing the Fixed-Term portfolio. Three of the sub-portfolios will be readjusted to reflect the new weighted percentages, while two new sub-portfolios will be created for the Credit component. How will OIM go about creating new portfolios and rebalance existing ones? Foremost is a study of market research obtained from specialized Wall Street firms on the financial status and economic factors of the companies in which OIM would like to invest. Also studied are macro-economic data like inflation or recession trends, and the actions of central banks. These together influence the decisions taken by OIM, which would include, for example, in the case of Corporate Bonds, which industrial sector to target and what bond duration is desirable with regard to yield (payment to investor). Other technical analyses would determine, for example, if high coupon bonds are a better investment than low coupon bonds, all things considered for purchase price, duration and yield curve (i.e. the anticipated movement of the yield: flattening, steepening or the reverse, which will affect the annual interest earned). Is it better to buy recently issued bonds – which tend to be more expensive but easier to trade, or older bonds? This same approach is applied when selecting government bonds, Treasury Bills or Securitized Debt. A great deal of experience is required to carry out this task. Further, within the investment world, one tends to specialize, for example, in Treasury Bills or Corporate Bonds. So, finding the right candidates to hire to grow the Fixed Income team is not an overnight process but rather one that takes time to identify the person with the right competences and experience.

**US Treasury bills** (T-bills) are government bonds issued and backed by the US government. Unlike other government bonds which are grouped into a composite market, US Treasuries have a dedicated market currently valued at USD 9,971 billion and offer ample liquidity (ability to buy and sell easily). These bills have a maturity range of 1 to 30 years with an average coupon of 1.17%. T-Bills are a safe asset class with good liquidity.

The Fund’s T-Bill portfolio is actively managed. The investment officer picks bonds based on certain criteria such as duration and sector weight, that best meet the return – risk profile of the UN Fund bearing in mind liquidity with the intention of making a better return than the benchmark. This involves deciding whether to buy new bond issuances and sell bonds that are close to maturity. Criteria considered are that new issuances tend to be more liquid but expensive when they first come to market. Sometimes it is more cost effective to wait until new bonds become cheaper with time. Risk is managed in consultation with the Risk Compliance team, and the portfolio performance and potential portfolio rebalancing in consultation with technical colleagues and Wall Street specialists. If for example the portfolio starts to underperform the index, then the manager, in consultation with others, may readjust the portfolio holdings bearing in mind the cost effectiveness of the rebalancing exercise.

An important part of the Fixed-Income portfolio, the current UNJSPF Treasury Bill portfolio is well constructed and mature. It is currently set to outperform the benchmark.
Securitized Debt, another main component of the Fixed-Income portfolio, is an instrument whereby consumer debt, such as home mortgages, are bundled together and issued as an investment bond. The interest paid to the bond holder comes from the underlying consumer debt. In other words, when a home-owner makes a monthly mortgage payment which includes loan principal and interest, part of that interest will go to the bond holder. The US mortgage market is guaranteed by US government agencies, such as as Freddy Mac and Fanny Mae. This market is quite liquid, second only to US Treasuries, meaning that many investors trade in these two markets.

In comparison to Treasury bills which are issued by the US Government and Corporate Bonds which are backed by the company issuing the debt, Securitized Debt interest and principal come from underlying consumer debt.

A relatively new portfolio created only in 4th quarter 2019, OMI's Securitized Debt holdings are 92% mortgage-based bonds, while the remaining 8% is allocated to bonds bundling other forms of consumer-based debt, e.g. credit card or automobile debt.

The Credit portfolio will be composed of Corporate Bonds and government bonds with an 80% and 20% breakdown, respectively, and has new benchmarks. Bonds, both corporate and government ones, are graded by rating companies, such as Standard & Poor or Moody's. The credit quality is assessed, in other words, the ability of the company, or government, issuing the bond to pay back its debt as well as to pay the bond coupon. The debt is the money loaned to the company by the investor who buys the bond. Bonds are rated from AAA downwards to BBB- by Standard & Poor, and Aaa to Baa3 by Moody's. Below BBB- or Baa3, they are considered as junk bonds.

During a recent presentation, OIM management explained that in the past the investment management team had taken a more conservative approach to investing in bonds. Its risk policy restricted investing in lower graded bonds, namely A- to BBB- on the Standard & Poor rating scale. With such a conservative approach, OIM’s corporate bond holdings were underperforming. This hopefully will change with the new benchmark and the anticipated possibility to select bonds graded A- and below.

The new corporate bond component will be USD focused and invested in different industrial sectors, such as transportation, technology, communications, insurance, finance, banking, and consumer goods. The Fund’s sustainable investment policy, including the ESGs (Environment, Social and Governance factors), will be integrated. (For more on Sustainable Investment policy and the ESGs, see QNT 118.)

The government bond portfolio is new as well and under construction with a dedicated index/benchmark. Portfolio components include supranational entities such as the International Bank for Reconstruction and Development (IBRD) and the European Investment Bank (EIB), sovereign bonds issued in US dollars, local authorities, municipalities and government agencies such as the American Fanny Mae and the German KFW (investment and development bank). The Index, at the moment, includes 156 supranational entities, 162 sovereign members, 350 local authorities, 303 municipalities and 597 agencies to choose from.

Emerging Market Debt is composed of government and Corporate Bonds issued in what are considered Emerging Markets, defined by the World Bank as low- or middle-income economies, or by the IMF as non-advanced countries. The local currency sovereign debt is the largest and most liquid (easily tradeable) in the category of Emerging Market Debt (EMD). It constitutes 85% of this market and offers attractive net yields after accounting for inflation. Currently, 90% of sovereign debt and 85% of corporate debt are issued in local currency, an indication of investor confidence that the issuers are able to pay back debt at bond maturity and cover the annual coupon payment.
Day-to-day management of this and any other portfolio involves monitoring risk limits, trading (selling and buying), rebalancing the holdings and continuous research on market dynamics.

In early August, a Fund communiqué informed that the US Treasuries and Mortgage-Backed Securities portfolios will be managed internally, compared to the previous plan of managing 50% internally and 50% externally. The Credit portfolio team will manage between 15 and 20% of this portfolio internally, and, temporarily, between 80 and 85% externally. This is a shift from the previous plan to have 100% of the Credit portfolio managed by external experts. Overall, the total part of the Fixed Income portfolio that will be managed temporarily by external experts will represent between 5 to 7% of the Fund’s total assets, considerably less than the 18% under the previous plan.

Much ado about nothing. Ultimately, the whole episode concerning the impending outsourcing of 18% of the Fund’s portfolio turned out to be much ado about nothing – it didn’t happen. As it has transpired, the Fixed Income team is growing and the evolving portfolio under their care is set to do well under mostly internal management.

For those who would like to explore in more detail the OIM’s Fixed Income portfolio, the series of dedicated presentations can be found at Fixed income portfolio information sessions – UNJSPF. [https://www.unjspf.org/newsroom/fixed-income-portfolio-information-sessions/](https://www.unjspf.org/newsroom/fixed-income-portfolio-information-sessions/)

(For more on the Fund’s investment management policy, see QNT 126 pension article.)

Barbara Fontaine
NEW MEMBERS

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

New Life Members
Angela Baffoe
Françoise Mourain-Schut
Catherine Mulholland
Qi Zhang

Conversion to Life members
Innocent Ntaganira

New Annual Members
Julia Samuelson

READERS’ RECIPES

Roast pork with turnip compote (serves 4)

Recipe
In an oven-proof dish (cast iron, Pyrex, ceramic or terracotta casserole) arrange the meat, salt and pepper to taste, put a little white wine in the bottom of the dish, and cook at 180°C for at least two hours, turning the meat from time to time, so that it browns all over.

In the meantime, wash the fermented turnip sauerkraut in hot water to desalinate it. Then blanch it in boiling water and drain it. Melt a good piece of lard in a sauté pan and brown the turnip. Add two bay leaves. It must be cooked gently, at least two hours, moistening from time to time, if necessary, with a little water.

For the last half hour, add the peeled potatoes, whole or halved depending on size, on top of the sauerkraut and when they are cooked, serve with the sliced roast in a hot dish.

Michèle Evans

Ingredients
1 kg loin of pork (from the shoulder)
1 kg of turnip sauerkraut (fermented turnip, found at butchers in the Pays de Gex)
500 g firm yellow-fleshed potatoes (Belles de Fontenay, for example)
Salt and pepper
1 small glass of white wine
Lard
More tales of the unexpected from the WHO annexes

In the first three parts of Anecdotes from the Annexes, published in the January, April and July issues (QNT 126, 127 and 128) we invited our readers to send in their stories about their time in the various WHO annexes. Many more of you have responded to our request, but intriguingly our member Sev Fluss reminds us of a long-forgotten annex, and we lead with his story.

An even earlier annex in Petit-Saconnex

I read with interest the Anecdotes from the annexes in the Quarterly News of January, April and July this year. However, it struck me that an earlier, and altogether more primitive annex, has been totally overlooked, and probably almost forgotten.

This one served as an annex to WHO in 1964–1966. The WHO offices were at that time still located in the Palais des Nations and to overcome a shortage of office space at the Palais an annex was rented to accommodate certain WHO departments. It will be recalled that from 1948 to 1966 WHO shared the Palais with UN staff. Consequently, this annex predates any of the annexes to the World Health Organization building in Avenue Appia, completed in 1966.

I arrived in Geneva on 3 September 1965 to take up a post in WHO with the Health Legislation Unit (HLE). This unit was headed up by chief of the unit, the late Dr Jean de Moerloose. (The story of my unusual recruitment process can be found in QNT 122, page 25).

On my arrival I discovered that HLE was housed in some very ordinary-looking barrack-like wooden buildings in Avenue de Trembley, Petit-Saconnex, just across the road from the Joli-Mont Clinic. I am not sure how long HLE had been there, but for a year or two I would imagine as they were very well settled-in.

The huts were indeed rather basic, and not at all what one might have expected, even at that time, from an International Organization with the prestige and reputation of WHO. Still, my office was comfortable enough, and I shared it with one of the finest linguists I have ever encountered in my entire career, the late Guy Policard, a former French diplomat and a great mountain climber. Every Monday morning, I was regaled with tales of the mountains he had scaled over the weekend.

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Research was undertaken by Mr Patrick Blanc, the very cooperative archivist of the Direction du département de l’aménagement, des constructions et de la mobilité of Geneva. Mr Blanc was provided with the barest of information to go on – what: wooden buildings, when: 1965, where: across the road from the Joli-Mont Clinic (!) – and was able to reveal that these pre-fabricated buildings were constructed in 1963/4 for the International Labour Organization (ILO). They were built to the plans of Mr Franz Amrhein, the architect engaged by the ILO to overcome their own shortage of office-space at the old WTO building.

This information enabled further research with our extremely helpful colleagues at ILO, especially Mr Jacques Rodriguez, who were able to provide photos of these buildings. In 1964 the ILO evidently had a few offices to spare, and these were leased to WHO. (See front cover photo).

Catastrophically – and fortuitously after HLE had already moved to Avenue Appia – the ILO prefabricated buildings caught fire during the night of the 15th and 16th of November 1966; thankfully no-one was injured but the buildings and all of the contents including precious files, archives, and documents were lost. The annex was rebuilt and was reopened on the 16th of November 1967, some ILO staff worked there until the opening of the new ILO headquarters in route des Morillons in 1974. The temporary ILO buildings were eventually demolished to make way for the Foyer Saconnex, a shelter for the homeless.
I remember that on one particular day, soon after my arrival, we in the Health Legislation Unit (Jean De Moerloose, Pierre Capitaine, Guy Policard and me, and I think Luce Villalta was there too), were waiting in the offices for a visit from our Director, the late, great Dr Norman Howard-Jones.

This annex arrangement endured for quite a few more months until we were eventually moved to the new WHO building some time in 1966. Later on, following the retirement of Dr De Moerloose, I became chief of the unit and we all enjoyed the comparative luxury of our suite of offices on the 4th floor of the main building, and were not rehoused in an annex again.

I would be interested in hearing from any other former WHO staff member who remembers, or was even based, in these wooden buildings in Petit-Saconnex, while we all eagerly awaited the completion of the new building.

Sev S. Fluss

The X annex (See also Readers’ letters, page 34)

I remember that the yellow copy of letters was the one for the Registry file and it had the clearance boxes on the bottom. It usually took longer to put the carbon paper between all the sheets of paper for the copies than it did to type the letter.

And then of course there was Pino the horticulturalist who was in the habit of taking scissors to snip away at the potted plants in all of the offices to remove dead leaves/flowers. I recall walking into one office to find Pino standing on the desk, scissors in hand, trimming the climbing plant that was most of the way up the wall, while the staff member looked on.

Soon after arriving in the X annex as a fresh recruit, I could not avoid noticing that one particular office door near the staircase was usually shut. A steady stream of young women went in, closing the door firmly behind them, emerging some 10–15 minutes later. Gentle enquiries of my new colleagues at the other end of the lower corridor revealed that this was “just natural”. I probed no further for fear of revealing my ignorance of such things and secretly marvelling at the casualness of the whole process. In the office? So many different young women? At such frequency? I subsequently learned that the Manager of the Task Force on Methods for the Determination of the Fertile Period (more commonly known as “Natural Methods”) occupied the office at the bottom of the stairs. I never thought it appropriate to ask whether the young women were volunteers in an HRP multicentre study or just pilot testing some novel methods under development.

On an annual trip to Delhi for discussion with the Indian MoH, Alex and I found that all the hotels were fully booked and we had to share a twin room. All went well until 6am the following day when a strange grunting noise woke me. I glanced over at Alex’s bed which was empty and raised myself on one elbow to see if I could determine where the grunting was coming from. I was relieved to see Alex leap to his feet, throw on some running clothes and say “That’s the warm up complete, I’m off for my run now, see
“you at breakfast” as he went out of the door. Later on, the door flew open, Alex rushed in and slammed the door behind him. He was sweating profusely and shaking like the proverbial leaf. I thought he was about to faint with heat exhaustion and was relishing the idea of throwing some cold water over him when he disclosed that he had only got a few hundred yards from the hotel when he was surrounded by a pack of potentially rabid dogs, rapidly increasing in number and snarling and baring their teeth. He decided to beat a hasty retreat back to the hotel which he reached without being bitten. It transpired that the only people that run in Delhi are assumed to be thieves and the police and shop keepers encourage the feral dogs to chase them and assist in their arrest.

In 1982 I took over the Plant Task Force. This occasionally involved distributing collections of medicinal plants among collaborating centres around the world, routed via WHO. I recall at least one occasion when highly suspicious customs officials at Geneva Airport needed someone from HRP to verify the contents of bulging sacks of sweet-smelling, aromatic plant materials that had turned up at the airport and had stimulated their sniffer dogs into a frenzy of excitement. I used to go and this would explain a problem I had just a few years ago when trying to send a package by UPS. They said they were unable to handle it because of a global embargo on shipments by me. It appeared my name was on an FBI list of suspected drugs/arms smugglers. I managed, eventually, to convince UPS’s legal department that this was not one of my retirement activities and that they had the wrong person. But – it did make me think that the Plant Task Force had come back to haunt me.

The last time I was in the Director’s office (just before I left in 1998) there was an engraved award on the shelf from the Ministry of Health of a South East Asian member state. In an unfortunate spelling error, the Ministry thanked HRP for its contribution to their country’s improved “Pubic Health”.

On one side, the ground floor of the X annex was facing a retaining wall covered with a beautiful creeper which changed colour with the seasons and was home to a busy life of birds and insects. With time, management decided that the wall needed reinforcement and pulled out all the vegetation to make the necessary repairs. The wall was painted white, creating an impossible glare into the offices. To decide on a new colour, four test squares were painted and the staff of the annex was invited to vote. One colour was selected ... and another, toothpaste green, was painted, this time creating pink shadows in the offices. Eventually, after much persuasion, management agreed to plant a bamboo garden which provided a lovely space for after-hours drinks.

During the repairs to the wall, staff pointed out to management that the path towards the garage, at the end of the wall, was very slippery when icy, and that the repairs presented a good opportunity to create steps. The idea was not accepted until a year later, an ADG broke her ankle on that very spot and steps were created within days!

One day during the World Health Assembly, I looked up from my window in X annex to see Fidel Castro walking past, together with one or two aides. Jose Villar, in the office next door, also saw him and jumped out of his window (a short drop to the grass) and chatted with him for a few minutes.

Compiled from contributions by many former WHO staff

A request to our readers, we are drawing this series of anecdotes to a close as there are no more stories being received, however if you have been meaning to send in a tale, do so now and we would still be happy to publish your anecdotes from any of the annexes, all will be published anonymously.

By popular request we are now going to switch to anecdotes from the main WHO building (Memories from the Main, see next page) so please send in your tales, all will be published anonymously, unless otherwise requested.

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

Stories from the main building of WHO

Not all WHO staff worked in an annex, and not all of the most interesting stories emanated from an annex, the main building holds its fair share of anecdotes. So, we now invite our readers to send in their stories about life and work in the WHO main building, to be published anonymously unless requested otherwise.

In 1990 I had recently arrived at Headquarters in the Division of Health Manpower Development (HMD). Sandra Dumont was my colleague and our offices on the 5th floor were arranged at right angles. In defiance of WHO advice and having complete faith in mankind, I used to leave my jacket on my chair with the door open when I left the office for a short period. One day in November, whilst talking to Sandra in her office, she said: “Someone just came out of your office. I don’t recognize him”. Rushing to my desk, I find that my wallet has gone. I run into the hallway and then the stairwell: nobody. Tough luck on me. A quick look in the men’s toilet just on the off-chance, reveals maintenance men in there and one cubicle is occupied. Hiding myself, I watch the cubicle. A well-dressed young man comes out. I politely ask him to wait and ask the workmen to keep an eye on him. I enter the cubicle and, recalling my early reading of detective novels, I feel down the back of the cistern. Bingo, there is my wallet but with no money in it. I feel quite within my rights to retain the suspect. We go out into the corridor where a few colleagues are beginning to gather. He tries to escape and I awkwardly try an arm lock. Rather frail, he does not resist and pulls out of his pocket not a knife, as some told me later it could have been, but a wad of banknotes and hands it to me. There may be more than I had in my wallet, but I’m not counting. After some commotion (one of my colleagues is taken ill) the guards arrive and my involvement is over. The young man had walked into the building – as calm as you please – with a file under his arm and announced to the guards that he was going to the Personnel Office to submit his job application. Naturally, the Administration distributed a circular urging staff to be more careful. In Le Serpent enchainé (The shackled serpent) an underground staff newsletter that was circulating at the time, a paragraph congratulated my colleague (without naming Sandra) for having sounded the alarm and protected her negligent colleague. To my knowledge, this was the first time a thief had been caught in the act at Headquarters. I have lived in many countries, some with a reputation for insecurity, but have only been robbed in two of them, Denmark and Switzerland, but fortunately without violence.

Jean-Paul Menu

EPI Geneva was based in the main building in the 1980s, and hired a short-term consultant from a technical school to prepare training materials on how to repair compression refrigerators. We asked him to squeeze his nine-month course into 12 days of hands-on workshop experience. No theory, only practice, “if you see this fault, do this…” He was not enthusiastic about the challenge but he agreed to try. Three months later in my office, he was clearly stressed and unhappy. I went to photocopy his draft document and when I returned, I couldn’t find him and after a few moments I discovered him behind the door practising a Yoga headstand to relieve his stress. Ten minutes later he re-emerged smiling, relaxed and enthusiastic. That’s all it took. Some months later the first Repair Technicians’ workshop was held in Bangkok. The Minister of Health visited and commented enthusiastically: “This is the first WHO workshop I have attended that’s being held in a workshop”.

Jean-Paul Menu
In pre-computer days every internal form in WHO was either hand-written or typed onto sets of multiple sheets of carbon-paper forms. The top two or three copies were generally clear enough but the further down the set, the more indistinct became the copy. Our unit organized the external contractual arrangements of WHO’s publications. The requesting department had to complete a form giving the details of the publication, and the all-important “allotment number”, which was for Finance to provide a unique “sticker-number” without which work could not commence. A request was received from the Veterinary Public Health unit (VPH) in the Communicable Diseases Division (CDS) for a large publication on Zoonoses. The necessary documentation had been sent to all responsible parties. The purchasing process was completed and the purchase order was sent to Finance for the all-important sticker-number to be affixed. Except, in this case, the purchase order was returned as the allotment number provided – which contained the word Zoonoses – did not exist. Phone calls were made and a rather irate Director of CDS turned up to inform us that a substantial contribution had been received several months earlier to cover the cost of this publication. A visit to Finance was arranged, and there the Director and I were presented with several large files recording incoming funds. We scoured the entries thoroughly until a yell of success, there was the donation. Recorded however, not as Zoonoses but carefully entered as 200 noses. Blame the bottom copy of a handwritten form!

NEWS FROM FORMER WHO STAFF MEMBERS’ GROUPS AROUND THE WORLD

News from around the world

Exchanges between our associations are now frequent and constructive. One of the major concerns of regional associations is to be better recognized by their Regional Directors and their administration. In mid-August, we sent a note to the Director-General summarizing the current situation in the Regions on the occasion of his upcoming visits to the Regional Committees in August–October. The next Zoom meeting of the Council was organized by the Association for the Africa Region on 9 September. We will report on this in our January 2023 issue.

It should also be noted that the webinar on the United Nations Decade for Healthy Ageing to be held on 6 October is organized by a group representing all of our associations in partnership with Headquarters and Regional units. Open to all WHO former staff worldwide, thanks to the work of the Council.

Jean-Paul Menu

Regional reports

AFSM-EMRO: Ready on Standby: AFSM/EMR was fortunate to be able to achieve an acceptable degree of success during its first eighteen months.

The appreciation of retirees and the support of the Regional Director, together with all responsible Officers in EMRO, have motivated its success.

During the last six months the Association has concentrated on solving problems for retirees, especially the beneficiaries who had their pensions suspended for more than a year due to various reasons. The
EMRO Office provided enormous assistance, for which we thank them. We believe that this is a sign of trust and recognition of the importance of the Association.

The Association is proud to have translated the SHI rules into Arabic. We submitted the proposal to HQ which accepted the initiative, and it is presently being revised for dissemination with the other languages.

Due to Covid-19 the Induction Courses for pre-retirement staff were suspended. A course is now being planned to take place during the week 19–22 September. The staff approaching retirement will receive briefings about the Pension Fund, their rights, and the different options to help participants choose what suits them. There will also be a briefing about Staff Health Insurance and the rights of staff. AFM/EMR will be participating in this course. Success Stories of Retirees will also be shared with the participants during the next course.

Hanaa Ghoneim

AFSM-Africa: AFRO Retired but Not Tired: During the second quarter of 2022, AFSM-Africa continued its activities to strengthen its collaboration with the Regional Office and for its members continued to provide administrative, technical and social support. Thus, a meeting with the Regional Director, Dr Moeti Tshidi and her team took place on 25 March 2022. During this meeting, in addition to the support for the AFSM headquarters within the regional office, it was agreed to institutionalize an annual meeting between the Regional Office and the AFSM/Africa Executive Committee. Technical support (communication, connectivity etc..) for the organization of these meetings will be provided by AFRO.

The Regional Director also participated in the 2nd AFSM-Africa Assembly held on 8 June 2022, and has agreed to take part in the AFSM Global Council meeting in September which will be chaired by AFSM-Africa.

In her presentation during the 2nd General Assembly, she gave a detailed overview of the health situation of the African continent where new challenges such as the Covid pandemic have only exacerbated existing ones such as Ebola, Monkeypox etc... She stressed the need for increased mobilization of all public and private actors of the continent to face these challenges.

Among the achievements of the 2nd General Assembly, of note is the amendment to the statutes on the need for a single lifetime membership fee for members because of the exorbitant bank charges for the transfer of an annual fee. Two ad hoc groups were set up, the first to prepare for the elections of the next Executive Committee in 2023, and the second to launch the survey on Age Related Health.

The project to write a collective book on the experiences of former staff members continues. It will serve as a didactic reference tool for the transmission of experiences and lessons learned to the new generation of international civil servants. The Panel of Authors is working hard on the book; a roadmap and an evaluation grid have been developed to accompany potential authors. Currently 16 contributions have been received, including excerpts from the works of deceased colleagues.

Kalula Kalambay (AFSM-AFRICA Coordinator)
Solange Kouo Epa (AFSM-AFRICA Secretary)
AFSM-PAHO/AMRO: The Newsletter of July 2022 has been published, an interesting issue with articles of value to all of us.

The Newsletter leads with the Editorial prepared by Hernán Rosenberg. This provides a detailed update of the work of the AFSM Board. Although as Hernán says, to some members it may seem that there is not much going on, he details a selection of the many Board activities.

This is followed by Carol Collado’s Staff Health Insurance and Pension Update. Under SHI news, Carol starts with information on Covid-19, and then welcomes the recent SHI attention to mental health issues, and goes on to mention the interesting Healthy Ageing Committee’s webinar in April. Next, and containing important information for our US members covered by Navitus, is news about generic drugs. Pension news carries articles on the Cost-of-Living Adjustments, reminders about the Certificates of Entitlement and the different ways of returning the CE, and finishing with an update on the Pension Fund and the outsourcing of a portion of management of the Fund’s assets. (Our own detailed assessment of this subject appears on page 14)

Health Tips: Is Dementia Inevitable in Old Age? by Martha Peláez, provides an in-depth discussion of this important subject, of concern to all of us, with many suggestions, first on prevention and then on improving the quality of life of those living with the disease. AFSM and PAHO/AMRO are holding a webinar for their members on this subject in September.

The Newsletter continues with an article My Trip to Antarctica by Marilyn Rice (Editor-in-Chief) recounting the pleasures, the sights, and the trials and tribulations – thanks to Covid – of this long awaited and memorable trip. It is recommended reading if, like Marilyn, visiting this continent has been on your to-do list for a long time.

A one-page Techno Tips: What are the QR codes for? provides answers to some of our questions and in the case of the author, what QR actually stands for!

Yvette Holder continues with the fifth, and as usual highly entertaining, instalment of her series, Musings of an Ageing Woman. Only Yvette could make her pet peeves as amusing as this.

Healthy Ageing Committee (HAC): News and Updates, by Martha Peláez (chair), and members: María Teresa Cerqueira, Gloria Coe, Yvette Holder, Hernán Rosenberg, and Juan Manuel Sotelo. The article details the HAC objectives, and mentions their first webinar. Thanks to the webinar, Yale Medical School has asked AFSM to help find members, fulfilling certain criteria, willing to review their Patient Priorities Care website.

Older, not old by George Alleyne. Although it seemingly required some persuasion by Gloria Coe to get George Alleyne to write this article, the result is worth the effort. It would be an affront to summarize it. Read the whole article right up to George’s last line, “You can’t help getting older, but you don’t have to get old”.

The Newsletter includes a facsimile of Jean-Paul Menu’s letter to Dr Tedros, inviting the DG to make the opening address to the Global AFSM’s introductory webinar on the UN Decade of Healthy Ageing on 6 October.

Next, under the title Nominees to lead PAHO, the Newsletter contains an article published by The Lancet, which includes information provided by the candidates on their priorities and vision for PAHO. The next Director of PAHO will be chosen by Member States in a secret ballot and the winner will take office on 1 February 2023. PAHO’s Director also serves as the Director of WHO’s Regional Office for the Americas (AMRO).

Solo Ageing (Part 2) by Sumedha Mona Khanna. In this second article the author addresses three major issues when one finds oneself solo, 1. Finding Meaning and Purpose, 2. Maintaining and Creating Relationships and A Strong Social Network, and 3. Ageing in Place.
Marylin Rice, with input from Cheryl Thompson, summarizes the AFSM webinar “How to get what matters most from your health care” held on 26 April 2022. An important and wide-ranging webinar which was summed up by Patricia Morsch, PAHO Regional Advisor on Ageing, who reaffirmed that WHO has been promoting person-centred care in all strategies related to healthy ageing.

The Newsletter follows with a Summary of the Regional Presentation of the Global Report on Ageism – AFSM, prepared by the Family, Health Promotion and Life Course Department, Healthy Life Course Unit (FPL/HL), and the Healthy Ageing Program.

Where are they now? by Mena Carto, who left PAHO in 2000, but is far from retired, as she writes, “at the now ripe age of 66, I still do the occasional consultancy whenever I so choose”.

This issue of the Newsletter concludes with a reprint of our AFSM “Our Health” article by Dr David Cohen, Ageing of the skin; prevention and care.

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

Keith Wynn

AFSM-SEARO: AFSM/SEAR sends its greetings to all colleagues.

We have continued our services and support to our retiree colleagues in all matters, especially Pension and SHI issues. With our concerted efforts we were able to prevent some impending suspensions of pensions. The cooperation extended by the HQ/AFSM and local UN Pension Association is appreciated.

One subject occupying the minds of many retirees in SEAR is a practical difficulty related to SHI claims concerning the limit of five invoices/bills/receipts per claim, resulting from SHI Rule C.11.1.

Aware of the implications and practical difficulties this imposes on the retirees, AFSM/SEAR has taken up the matter and proposes to raise it through the AFSM Global Council and other platforms to discuss, understand and arrive at a solution, to mitigate this grievance of retirees. We hope for the support of all in this regard, so the issue is solved in the best interest of all beneficiaries.

The annual exercise of Certificate of Entitlement (CE) has begun, and we in AFSM/SEAR stand ready to help those colleagues who need assistance in the process. On the Digital Certificates of Entitlement (DCE) process, retirees here continue to face issues and some glitches still continue. The DCE App is fine. The frequent and acute problem is at the biometric matching stage, for validation and issuance. Despite numerous attempts the matching gets stuck before it reaches 100%. This is frustrating and often forces users to give up. Enquiries elicit the response that these glitches are being fixed, but to no avail so far.

For very elderly pensioners, there needs to be a different and stable biometric matching, validation and issuance process.

AFSM/SEAR continues its activities, contributes to the Global Council meetings including the webinars on subjects of interest to the retired staff members. We appreciate the availability of this forum for an exchange of views and practices and to discuss subjects of mutual benefit to all retirees.

M.R. Kanaga Rajan (President, AFSM/SEAR)
WHO Retirees’ Acting Representative in Scandinavia: WHO-EURO retirees´ lunch, held on the 8th June.
After a break of two years due to Covid lockdowns and social distancing, it was a memorable day – 8 June 2022 – when a happy group of EURO retirees finally got together for a long-awaited reunion and lunch.
The turnout was really good – a total of 32 retirees made their way to the restaurant on the coast at Rungsted (about 28km north of Copenhagen). One or two had travelled quite a distance to take part, which was very much appreciated.
However, this was both a happy and a sad occasion.
Happy, because people were so glad to get together again and catch up with one another. The atmosphere in the restaurant certainly echoed the warm feeling, and there were many exclamations of “I haven’t seen you for at least x years!” Many photos were taken during the afternoon, including one of the whole group, which we think is a nice souvenir.
But sad, because we had just lost our dear friend and former colleague, Jill Conway-Fell, our AFSM-EURO representative, who had worked so hard on our behalf for many many years. Jill had been looking forward so much to this event and to seeing friends and ex-colleagues again, especially after making such a good recovery following her stroke in June 2021. But sadly, it was not to be; she passed away on 22 May following a second stroke 11 days earlier. (The obituary for Jill can be read on page 31)
We had been in doubt about going ahead with the lunch so soon after Jill’s demise and funeral, but after some soul-searching we felt she would have wanted us to hold it, and we are so glad we did, as we used the opportunity to remember her and all she did for us.
There were many pleas for us to organize another lunch later in the year, and there are plans in the pipeline to arrange something in the Christmas period.

Jennifer Madsen

**IN MEMORIAM**

Recent deaths\(^1\) of former WHO staff members as reported to AFSM

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The deaths were also announced of the survivors of former staff members:  
- Alika Sebatine;  
- Castillo Virginia;  
- Corpus Viola Pabellon;  
- Dang Ved;  
- Morcos Helene;  
- Nkoussou Berthe;  
- Oliveira Iracy Silva;  
- Ouf Aziza;  
- Rios Lenoa Carolyn Dunn.

\(^1\) The present notification of deaths was gratefully received from UNJSPF and covers Q2 2022. 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.
Patrick (Paddy) John Rowe, born 23 December 1941 in Gosport, United Kingdom, died 14 June 2022 in Vesancy, France

Paddy qualified in Medicine at Guy’s Hospital in London in 1964, subsequently specialising in obstetrics and gynaecology. He became a Member of the Royal College in 1971 and Fellow in 1985. After working briefly with GD Searle, the developer of the first commercial oral contraceptive pill, in High Wycombe, he joined the WHO Expanded Programme of Research, Development and Research Training in Human Reproduction (commonly known as “HRP”) as a Medical Officer in 1972.

Paddy led the Task Force on Intrauterine Devices responsible for assessing the safety and efficacy of different devices, particularly when used by women in developing countries. In the 1970s the IUD was the most commonly used reversible contraceptive method in the world with a wide range of different devices available, some of which had high contraceptive failure rates. This research ultimately led China to switch to the safer and more effective copper devices in 1993, averting an estimated 55 million unintended pregnancies over 10 years. The estimated 160 million current IUD users worldwide owe their access to a safe, affordable and effective contraceptive method to his leadership. In addition, Paddy led the Task Force on Infertility which paved the way for expansion of infertility management services for couples in resource-limited settings.

After retirement from WHO in 2001 he devoted himself to his family, garden in Vesancy with fine views of the Alps and improving his golf handicap. He will be remembered by his friends and colleagues for his sharp mind, quick wit, mischievous smile and fabulous cooking skills. An evening spent with Paddy and his wife Donna was always full of laughter whilst enjoying the creations from his kitchen. His hospitality and generosity knew no bounds.

Paddy passed peacefully at home after a brave battle with cancer and is survived by his wife, four sons and five grandchildren.

Pino Benagiano and Tim Farley

Paddy represented the very best of HRP. His depth of knowledge of our field, coupled with a sharp intellect and a mischievous sense of humour won him the respect and affection, not only of his colleagues, but of HRP’s investigators on every continent. He was involved in a very broad range of HRP activities, especially in the early years of the Programme. In the late 1970s, for example, Paddy was instrumental in convening a group of scientists who together gathered what was then the state of our understanding of the mechanisms of endometrial bleeding, especially in relation to steroidal contraceptive use.

Frank Webb

We should not overlook Paddy’s important responsibility for the “Infertility Task Force”. This fostered the transition from traditional diagnosis/treatment (often ineffective) to the active prevention of Sexually Transmitted Infections, the major preventable cause of infertility, especially in developing countries. Also, for his management of the “Toxicology Panel”, which brought together a unique combination of representatives from academic institutions, pharmaceutical industry, and drug regulatory agencies, to
Jill Conway-Fell, born 24 January 1944 in Huddersfield, England, died 22 May 2022 in Fredensborg, Denmark

Jill was born of Jewish parents. The family name was Cohn, but Jill’s father – a doctor – changed the name to Conway, as it made it easier for him to obtain work. (Later in life Jill converted to Christianity and was baptized in 2014).

Jill was educated at Birkland School, which was a boarding school for girls. She kept in touch with her school-friends ever since.

After her parents’ divorce, Jill moved with her mother, brother and stepfather to London. She trained as a secretary at St. James’ Secretarial College, and as an interior designer at the Inchbald School of Design.

In 1966 Jill moved to Denmark, where she trained as a decorator at Bergenholz Dekorationsskole in Copenhagen.

In 1973 she obtained a position as personal assistant at the British Embassy in Copenhagen, a position she held until 1980. She then moved to the WHO Regional Office for Europe, where she was employed in Budget and Finance. She spent many of her WHO years in the unit dealing with Coordination with other Organizations, which she found both interesting and challenging. Jill arranged and coordinated, among other things, the annual Regional Committee meetings that took place alternately in Denmark and in individual Member States.

In parallel, Jill was from 1997–2000 President of the EURO Staff Association. She was very happy and proud to work for WHO and for the Staff Association. For her, it was important to give the very best both in her working life and in everyday life.

After her departure from WHO in 2001, Jill kept her interest alive for WHO and for the welfare and rights of former staff. She became the representative of AFSM for Scandinavia and worked hand in hand with AFSM in Geneva. She dedicated a lot of time and energy to this role, providing retirees with necessary information and advice/help with all sorts of issues. She faithfully carried on this work until her stroke in June 2021. After months of rehabilitation and sheer determination, Jill recovered well enough to be able to involve herself again in AFSM work and some of her former hobbies, albeit on a limited level. Most unfairly, Jill suffered a second, more severe, stroke in early May 2022, and she passed away less than two weeks later.

Jill spent 32 happy years with her partner, Grethe. They shared many interests, such as gardening, music, theatre, reading, walking and just enjoying nature. Jill loved painting and photography and was very talented; she exhibited a lot of her work over the years and took great pride in her accomplishments.

Jill was a person you could count on. Someone who would be there for you when needed, a committed and dedicated person. She will be sorely missed, not only by Grethe and Sofie (Jill’s devoted goddaughter), but also by a very wide circle of friends and former colleagues.

Grethe Loof and Jenny Madsen
Jill Conway-Fell

Jill’s contribution to the welfare, initially of staff members, and then latterly of retirees, has been considerable. During her presidency of the EURO staff association and after her retirement, she has among many successes, battled vigorously to win a long-running struggle to reduce the taxation of UN pensions in Denmark. Having become the representative for Scandinavia of AAFI–AFICS and then of AFSM, she took on the task of facilitating the interactions of pensioners with the Pension Fund, organizing numerous information sessions and producing a newsletter. Working with little support from the Regional Office, she carried out a tremendous number of tasks for WHO and United Nations retirees to help solve their problems and to stay in touch. Our contacts with Jill were regular and very friendly and the retirees she cared about owe her so much.

Thank you, Jill, for all that you accomplished. We mourn you and will not forget you.

Jill described her experience in an article published in our October 2015 Quarterly News (QNT 101) “Moving from President, Staff Association to retirees’ representative in Scandinavia”

Jean-Paul Menu

Warren W. Furth, born 1 August 1928 in Vienna, Austria, died 30 June 2022, Geneva, Switzerland

The first part of Warren’s childhood was spent in Austria before moving to the USA at the age of 10. He obtained his Bachelor of Arts in 1949 and a Doctorate of Jurisprudence in 1952, both from Harvard University. He then received a Military Law Certificate at the Judge Advocate General’s School in 1954. Later, he attended the Sloan School of Management at the Massachusetts Institute of Technology.

Warren began his career in law in 1951, starting with a law firm in Boston before working with the United States Court of Appeals for the District of Columbia Circuit, followed by military service including with the US Army Judge Advocate General’s Corps in France, then as an Attorney in New York. He joined the Director-General’s Office of the International Labour Organisation in 1959 where he held several successive positions – Chef de Cabinet in the DG’s Office, and later as Director of several administrative departments.

Dr Halfdan Mahler, WHO Director-General, succeeded in transferring him to WHO from 1 January 1971 to take up the position of Director in the Office of the DG. On 1 April 1971 he was nominated as Assistant Director-General responsible for budget, finance and personnel. He held this position until his retirement on 1 September 1989. From 1980–1989 he also held
the title of TDR Special Programme Coordinator. As his first technical programme, Warren threw himself wholeheartedly into doing his best for TDR: learning the science and helping to raise the voluntary funds through his excellent contacts with donors. He very much enjoyed his years of collaboration with Dr Adetokunbo Lucas, Director TDR, and it was indeed special to work with them both and observe their mutual respect for each other. After Dr Lucas left, Dr Tore Godal took over as Director TDR and he too had an excellent relationship with Warren, learning a lot from him about good management. Tore recalls that when there was a particular challenge, Warren dived in and helped to find a good solution, e.g. concerning the free donation from the Merck company of ivermectin for the treatment of onchocerciasis. Warren was also given other additional responsibilities, including for the division of information systems support and the HRP Programme.

Warren was highly respected in WHO as he carried out his functions very competently and efficiently, gaining admiration from many for his excellent memory and management skills. One colleague has called him the keeper of WHO’s values and he worked in close coordination with Dr Mahler. He took a keen interest in staff health insurance matters and in fact in any matters under his jurisdiction. He was an excellent meeting Chair.

Warren was a member of various clubs, both local and international, and he took a keen interest in US politics. His name was listed in several “Who’s Who” publications.

Outside of his position of authority at HQ, Warren was a family man with simple tastes, very kind and generous. He joined a walking group during his retirement and enjoyed his regular walks with his former colleagues. He showed keen interest in the work of the AFSM. He was a member of its provisional Bureau in 1990 and then an Executive Committee member from 1992 to 1997 after which he attended several General Assemblies (once chairing a meeting) and he continued to participate in other social events.

Warren was an amazing man. He will be greatly missed by his wife Margaretha, his children Diana and Michael and his grand-children Max, Taj, Charlotte and Isabelle.

Sue Block Tyrrell, compiled with contributions from the Furth family, Tore Godal and several AFSM members

SUBMISSION OF OBITUARIES

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

The Editorial Board
Artificial Intelligence (AI) revisited

In addition to the sources quoted by Pierre Mansourian for examples of AI applications of interest to AFSM (QNT 128, July 2022), our readers may also be interested in the impressive webinars being conducted by ITU on AI for Good: https://aiforgood.itu.int, focused on the Sustainable Development Goal (SDGs). At least one-third of the issues seems to be related to health applications and most of the non-health sessions are also fascinating. Free registration provides regular notification of the subjects to be addressed, together with the schedule of the sessions, and one can then participate selectively on Zoom, passively or actively.

Derrick Deane

Yet more from the X annex

I immensely enjoyed the recent anecdotes and photos from the X annex.

I moved from the main building to the X annex, together with the team from the Gender, Women and Health unit in the Family and Community Health Programme (FCH/GWH), early this millennium, and had an office there until the end of 2007.

The spectacular annual parties held in X annex – with a different theme every year – were mentioned a number of times in the anecdotes. The parties always had a fun quiz around the theme, and a prize for best costume.

I had the privilege to have attended five of them and I just happened to find the Google photo albums where I had posted my impressions and highlights of the parties; which motivated me to share them with you, either to showcase some more photos or to share the links with those who would like to relive the party memories! (See the inside front, and outside back covers)

- My first X annex party was in 2002, with the theme "Celebrities". I was dressed up as Liza Minnelli, and I won the first prize for the best costume. http://photos.app.goo.gl/JrQejuAAqB312hQB8
- In 2003, the theme was "James Bond". I was dressed up as the Golden Girl from “Goldfinger”. A colleague helped me with putting on the body paint, and I was trembling when I came out of my office to enter the party rooms. I made a fun couple with Tim Farley who was the James Bond villain Scaramanga (with a third nipple!) from “The Man with the Golden Gun”. I again won a prize for my costume! https://photos.app.goo.gl/bRq1bidcrsU9Dgd48
- In 2007, the last party that I participated in as a staff member had "Mexico" as the theme. I was dressed up as Frida Kahlo, of which I believe there were several versions at the party! https://photos.app.goo.gl/aAU3jY7GSxw5dzXs9
- In 2009 I party crashed as guest; the theme was "Flower Power" https://photos.app.goo.gl/jgypLPgfq7pGqBGUA
- In 2010 I attended my very last X annex party, themed "Animals" https://photos.app.goo.gl/4s3zV7FN7elJzPwYf9

The pictures speak for themselves. The parties were wild, very memorable and went on until late!

Anecdotes from the Annexes

During the compilation of this series of anecdotes, Catherine d’Arcangues delved into her archives and found these evocative photos of times-gone-by, just for our pleasure. The 1998 Xmas Party.

Given the difficulty of identifying everyone, we can provide you with the names of staff members we recognize and hope you can tell us the others. Illustrated here are, Catherine d’Arcangues in her green-bikini t-shirt, and then alphabetically (sorry Hazel), Heli Bathija, Luc Bernier, Catherine Blanc, Sten Cekan, Sybil de Pietro, Barbara Fontaine, Diana Fortune, Nikolai Goncharov, Peter Hall, Theresa Harmand, Monir Islam, Evelyn Jiguet, Barbara Kayser, Ruth Malaguti, Janette Marozzi, Jenny Perrin, Paul Van Look, Frank Webb, Hazel Ziaei
Anecdotes from the Annexes

Another hoard of priceless photos from the glory days of the X annex have come to light.

*(See Readers’ Letters on page 34, and more photos on the inside front cover)*

HRP annual party, 2002. Theme: **Celebrities**.

*Above:* Brian Wertschnig as Elvis, Henriette Jansen as Liza Minelli.

*Below:* Catherine d’Arcangues as Sarsaparilla — Asterix’s mother

*Photos:* Henriette Jansen

HRP annual party, 2002. Theme: **Celebrities**.

*Left:* Pendo Muganda thought to be representing a Smurfette/Schtroumpfette

*Below:* Scott McGill as Dusty Springfield

*Photos:* Henriette Jansen

Below. HRP annual party, 2007. Theme: **Mexico**.

From left to right Nuriye Ortayli, Claire Tierney, and another unidentified “Mexican” — can you help?

*Photo:* Henriette Jansen