



QUARTERLY News

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

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



"2025 has been a year of significant successes for WHO, and significant difficulties"

**So begins the New Year message from Dr Tedros, WHO Director-General,
to members of AFSM, appearing in full on pages 4 and 5**

EDITORIAL**Farewell to print...**

...and welcome to the first of the digital-only editions of *Quarterly News*.

We have, in several previous issues, encouraged our readers to forego printed copies and read the *Quarterly News* on-line, to economise scarce WHO funds.

However, at the AFSM General Assembly held on 6 October, it was my unhappy task to announce that because of the financial crisis, WHO has been obliged to inform all printshop staff that their posts are to be terminated. They received this information in the week before the GA and consequently, the printshop will be permanently closed as soon as possible, at the latest by June 2026. So, AFSM has no choice but to shift publication to digital for all members who have e-mail. From now on only a few black and white copies will be printed, with content reduced to essential information, for our members who do not have access to a computer. (*See my statement in the Report of the General Assembly, left-hand column, page 28*)

Despite our attempts to save a considerable amount of funding by WHO at this difficult time, implementing that decision was not pleasant or easy and ultimately was taken out of our hands.

I spent over 30 years procuring countless printed products for WHO; since then, their quantity has diminished to a fraction of those produced in happier days. Products ranging in size from tiny self-adhesive labels for EPI: “*STOP! Do you need to open it?*” to be affixed to fridges containing vaccines, to the 1,476 pages of the publication *Smallpox and its Eradication*. These extremes of scale stand alongside other published material produced in vast quantities. During this time the Printing Service (PRT) procured over 15 million copies of the ubiquitous yellow *International Certificate of Vaccination*, one of WHO’s most profitable best-sellers. Add some 20 million copies of *World Health* magazine in many languages, disseminating WHO’s public health message to the lay populations of Member States.

Printing has been a noble art spanning many centuries. It started in China as woodcuts, eventually arriving in medieval Europe, where it is generally accepted that Johannes Gutenberg of Mainz developed moveable metal-type printing technology, along with the printing press, in around 1439, and in just over a decade the European age of printing had begun.

We witness the decline of printing globally, despite which the appeal of the printed word remains strong. Many of you will deplore the loss of the printed edition of the *Quarterly News*, and I share your regret.

Keith Wynn

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GREETINGS FROM AFSM

***AFSM wishes a
very happy and
healthy New
Year 2026
to all of our
readers***

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

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

2026 NEW YEAR MESSAGE FROM THE DIRECTOR-GENERAL

Message from Dr Tedros, WHO Director-General, to members of the Association

2025 has been a year of significant successes for WHO, and significant difficulties.

First, the successes. At the 78th World Health Assembly in May, Member States adopted the WHO Pandemic Agreement – a landmark instrument of international law that will make our world safer, based on the lessons of the COVID-19 pandemic. Member States are now negotiating the Pathogen Access and Benefit Sharing system – the “PABS Annex” – which will ensure equitable access to vaccines, therapeutics, diagnostics and other medical products in future pandemics. We hope those negotiations will be completed in time for next year’s Health Assembly, so the Pandemic Agreement can be completed and opened for ratification, before finally entering force as international law.

At this year’s Health Assembly, Member States also approved the second of five planned increases in assessed contributions, following their historic decision in 2022 to increase assessed contributions progressively to 50% of WHO’s base budget. They approved the first increase in 2023, the second this year, and a further three increases are planned for 2027, 2029 and 2031. If completed, this will be a long-term strategic solution that will make WHO more stable, more independent and less reliant on voluntary, earmarked contributions from a handful of donors.

Which brings us to the challenges. The announcement by the United States of America in January of this year of its intended withdrawal from WHO, along with funding cuts from other countries, left us with no choice but to reduce the size of the workforce.

Our objective throughout this process has been to safeguard the core functions of the Organization and align our financial and human resources with those functions, while minimizing separations to the greatest degree possible. If we had not taken this approach, we estimate that we would have had to separate many more colleagues than we did.

The painful process of saying goodbye to many dedicated and talented colleagues is now almost completed. I am acutely aware of the impact on their lives, families and careers. WHO is trying to support them all as best it can.

Throughout this process, we have applied the principles of transparency, fairness and humanity, and we have consistently engaged staff, who themselves proposed ideas on how to minimize separations, including voluntary retirement.

Of course, no process is perfect and concerns that staff are raising are being addressed but, by and large, I am confident that the process followed will deliver a WHO that is not only leaner, but also sharper, more focused on its mandate, and more independent.

I know that your Association is acutely aware of the situation. I have received a series of proposals from you on ways to support our Organization. Your help to our serving colleagues whose positions are abolished and your initiatives to raise funds for the WHO Foundation are highly appreciated.

Since my tenure as Director-General began in 2017, I said that we should make arrangements to work together, help each other and remain one family. I am sure you will agree that considerable progress has been made in these eight years. Your Association is now much better recognized by WHO management, and links have been established with several WHO programmes, including healthy ageing.

I wish to thank you once again for your continuing commitment to WHO, and to offering us your expertise and experience. As I always say, ***“Once WHO, always WHO”***.

I wish you all a happy, healthy and successful 2026.



Dr Tedros Adhanom Ghebreyesus, WHO Director-General

News from your Association

Our General Assembly was the major event of the past quarter. As usual, it focused primarily on health insurance and pensions. We received excellent feedback from participants who appreciated the quality of the answers provided to their questions.

Unfortunately, we also received confirmation of the dire WHO staffing situation. Six hundred positions will be eliminated at Headquarters. Our Association will do everything possible to support the Organization. *You will find the detailed report of our General Assembly on pages 25–39.*

As you know, for several years now we have been assisting the Pension Fund to locate retirees who have not returned their Certificate of Entitlement on time and whose pensions are therefore at risk of being suspended. We are pleased to learn that the Fund recognizes the effectiveness of our assistance. This year, the Pension Board's report (*see the article on page 8*) notes that searches carried out by Retiree Associations such as AFSM have reduced potential pension suspensions by 71%, from 2,789 to 802 cases. An excellent recognition of the support we provide for our members.

The new **AFSM digital platform*** – a teaser

The new bilingual **AFSM digital platform** is currently being finalized, with its launch planned for Q2 2026. Development has taken longer than originally expected due to the recent challenges faced by the Organization.

This platform will be accessible exclusively to AFSM members and will require only a valid email address to log in. Members will be able to consult the latest *AFSM Quarterly News*, access past editions, browse the bilingual membership directory, and make use of additional information resources. An online user guide will also be available to help you navigate the platform with ease.

We understand that you may have questions, and we kindly ask for your patience. Further details will be shared ahead of the official launch.

The Executive Committee, on behalf of the AFSM, wishes to express its gratitude to the Director-General and the Administration—particularly the IT Department—for their invaluable support and engagement in delivering the new **AFSM digital platform**.

*This AFSM project is nearing completion and until now we have simply used “SharePoint” as its working title.

We now present the official title of our project: **AFSM digital platform**. This is necessary to avoid any confusion with the myriad of other WHO projects running on the SharePoint software.

As in previous years, the Staff Health and Welfare Service had kindly allocated three days for the flu vaccination of retirees and their dependents covered by the WHO Health Insurance.

The regular AFSM lunches organized for our members living in the Geneva area continue to be very popular, and we thank the organizers.

Some of our Committee members are currently on long-term sick leave, which is affecting our ability to carry out the Committee's usual workload. We are still trying to meet your expectations, however volunteers will always be welcome.

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

NEW MEMBERS

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

New Life Members

Venkatraman Chandra-Mouli
Stanislav Kniazkov
Jacqueline Lashley
Armell Mafotsing Tchomtong-Mahnig
Silvio Mariotti
Ann-Beth Moller
Jude Padayachy
Vaidyanathan Ramakrishnan
Adriana Velazquez Berumen

Conversions to Life Members

New Annual Members

Sandra Kotur Corliss
Laurent Pattou

PENSION NEWS

Highlights from the 2025 Pension Board

The United Nations Joint Staff Pension Fund, established by the General Assembly in 1949 to provide retirement, death, disability and related benefits for staff of the United Nations and the member international organizations, is a multiple employer defined benefit plan. Governed by the United Nations Joint Staff Pension Board, it held its 81st Board, reporting on 2024 activities, from 21 July to 25 July 2025. Presided by the WHO representative for governing bodies, the Board addressed the wide range of topics concerning the oversight and optimal administrative, financial and investment management of the Fund. Below are highlights of some of the essential items discussed.

Administration and Operations

Key Facts (in comparison to end 2023)

25 Member organizations (including UN)

150,704 Participants (0.6% increase)

89,308 Beneficiaries (3.8 % increase)

- 60961 retirees (3.7% increase)
- 14,422 surviving spouses (2.2% increase)
- 10,799 children (6.4% increase)
- 3,092 disabilities (4.7% increase)
- 34 secondary dependents (6% increase)

Contributions: US\$ 3.67 billion

Pension payments: US\$ 3.78 billion

(Benefit payments exceeded contributions by \$173.4 million)

- paid in 18 currencies
- in 190 countries

(As of 31 December 2024)

The Chief Executive of Pension Administration briefed the Board on various aspects of the Fund's administration in 2024. A record 17,000 separations and recalculations were processed.

This above-average volume of separations is expected to continue for the short-term. Over the past five years, the number of participants increased at an average annual rate of 2.8 %, while the number of beneficiaries grew at an average annual rate of 2.2 %. In 2024, the participant group growth (new entrants to the Fund) slowed to a 0.6% increase, while the beneficiary group increased to 3.8%. This demographic shift is expected to continue.

The Pension Administration continues to face a growing and increasingly complex workload in its efforts to serve an expanding, ageing and geographically diverse client base, while navigating geopolitical challenges, and, at the same time, optimizing processes and enhancing outreach and communication to minimize delays in supporting its client base. In 2024, there were a total of 155,377 queries submitted through various modes of communication such as email, telephone, online contact form, mail and walk-in visits.

The most important work of the Pension Administration is to pay our pensions. This involves as well the need to verify that beneficiaries are still entitled to receive a pension. To this effect, over 40,000 digital certificates of entitlement (DCE) were submitted by mid-2025, representing over

55% of eligible beneficiaries. The signature verification process for the paper Certificate of Entitlement has been strengthened: every signature is now authenticated to reduce the risk of fraud. To mitigate further the risk of overpayments, complementary measures are under consideration, such as increasing the frequency of life-status verification in some cases, expanding the use of data in countries with reliable death records, and reinforcing outreach to family members to ensure timely notification of deaths. Nonetheless, overpayments happen and in 2024, this amounted to USD 461,665 of write-offs, representing 0.01% of the USD 3.8 billion of benefit payments.

Other notable results and activities during the year were that the two-track system was reinstated in Ecuador and Grenada and introduced for the first time in Aruba, Cambodia, Maldives, Oman, and the United Arab Emirates, effective 1 April 2025. The close collaboration with retiree associations reduced potential pension suspensions by 71 %, from 2,789 to 802 cases. The Fund held 30 townhall meetings in English and French with over 27,000 live attendees and 48,000 online views, answering more than 3,500 live questions.

Investments

Key Facts

US\$ 95.4 billion: Net assets

US\$ 7.5 billion: Investment gain

Portfolio composition, excluding cash/cash equivalents:

- **44.43 % in equities**
- **37.77 % in fixed income**
- **7.79 % in real assets**
- **8.59 % in alternative investments**

(As of 31 December 2024)

The mandate of the Fund's Office of Investment Management (IOM) is to ensure long-term financial sustainability so that pension payments are continuously made for years to come. Investments are carried out under the guidance of the highly qualified Investment Management Committee within the framework of the Fund's investment policy statement, and comprehensively updated following the completion of the quadrennial asset-liability management study and in light of the periodic actuarial studies. Investment recommendations are cautious and risk adverse.

The Representative of the Secretary-General (RSG) for the investment of the Fund's assets, Mr Pedro Guazo, resigned effective 15 July 2025. Mr Toru Shindo, Chief Investment Officer (CIO), was appointed Acting RSG from 16 July through 15 August. Mr Shindo highlighted Mr Guazo's extensive 21-year tenure with the Office of Investment Management (OIM) and his appointment as Chief Investment Officer in 2021. He outlined the differences in responsibilities between the RSG and the Chief Investment Officer (CIO), emphasizing that the RSG was responsible for policy decisions while the CIO would implement the policies, monitor portfolios, and make tactical market decisions based on market movements. Mr Robert van der Zee, currently the Chief Financial Officer of the World Food Programme would serve as Acting RSG from 16 August through 15 February 2026.

Investment decisions continue to prioritize the US dollar in light of its dominance and liquidity. The Fund invests in diverse industries, including financials, information technology, communication services, consumer discretionary, consumer staples, energy, health care, industrials, materials, utilities, and real estate. These investments are spread across 73 countries and regions, with 71.3% managed internally, 16.4% invested in private markets and only 12.3% through external

managers. The largest concentration of investments, 72.90%, is in the United States of America, 2.96% in China, 8.82% in Japan and 2.80% in the United Kingdom of Great Britain and Northern Ireland. In regional terms, the majority of investments were concentrated in North America (74.46%), followed by Asia and the Pacific (12.56%) and Europe with 10.48%

At the end of 2024, the Fund's market value was \$95.43 billion, an increase from \$88.25 billion at end 2023, representing an annual nominal performance of 8.52%. The annualized real rate of return for the 15-year period (adjusted for the US consumer price index) was 4.09%, above the long-term objective of 3.5%. The Fund had successfully met or exceeded its long-term investment real rate of return target of 3.5% over the past 15, 20, 30 and 50 years.

Managing a Pension Fund portfolio includes not only actively managing the assets but also the risks influencing the assets, such as shifting geopolitics, volatile global currencies and interest rate fluctuations, credit risk of sovereign countries, cyberattacks, ongoing conflicts in various parts of the world, inflation in global economies and AI. Risk management is therefore an integral part of IOM's work, with a specialized team dedicated to the task. As well, it is part of the Pension Administration monitoring, for example, demographic changes, internal operational risks

Much concerted and collaborative effort goes into managing the Fund, both administratively as well as the investments. It is truly well-managed and well-positioned to ride out the occasional financial, demographic or geopolitical crisis with the long-term objective of providing us retirees a monthly pension for years to come.

Barbara Fontaine

including those affecting member organizations, and service provision to clients located in more than 190 countries. All significant identified risks are captured in formal risk registers, which are subject to regular review by senior managers and internal and external auditors.

The Fund's investment assets had surpassed US\$ 100 billion as of June 2025, marking a historic milestone for the UN Joint Staff Pension Fund. At the time of writing, the value had increased further to US\$ 105.8 billion. This continued growth in value despite global challenges is attributed to OIM's disciplined execution, forward-looking strategies, and rigorous policy setting.

Actuarial matters

The Fund performs actuarial valuations every two years. For the next one, using the data as of 31 December 2025, the Consulting Actuary suggested several changes to the assumptions, including modifying certain withdrawal, early retirement and normal retirement rates and reducing the number of years of longevity by 5 years. Other assumptions to be used include an annual investment return of 6.0%, long-term annual US inflation rate of 2.6% and a 3.4 % rate of return for investments. The Chair of the Actuary Committee indicated certain areas will be closely monitored, particularly the future outlook for capital markets, inflation, two-track utilization, and new entrant trends.

SHI: STAFF HEALTH INSURANCE MATTERS

Meeting of the Staff Health Insurance Global Oversight Committee

The Global Oversight Committee (Committee) of the Staff Health Insurance (SHI) met in Geneva for two days on 12 and 13 November. Both members (the undersigned) elected by former staff participated in the meeting. The Assistant Director-General of Business Operations (Raul Thomas) chaired most sessions and in his absence, the Acting Comptroller (Sushil Rathi) chaired some sessions.

The following items were discussed:

- Claims Management and Customer Service
- SHI Digital Platform
- Budget 2026–2027
- Investments and Liabilities
- Secretarial Compliance Update
- Internal Audit Report and suspected fraud cases
- Medical Adviser Report
- Annual Report of the Chair of the SHI Global Standing Committee
- Update on Benchmarking of SHI rules
- Behavioural Insight Study in AFRO and EMRO
- Access to healthcare initiatives

Claims Management and Customer Service

The Secretariat provided an update on the status of claims' processing and staffing of the team. In spite of an increase in the number of claims received, reimbursements and direct payment of medical bills were processed in a timely manner. The time between submission of claims and payment received had improved compared to the previous year. There were however variances between offices.

From the SHI surveys carried out over the last five years, the average satisfaction rate with SHI services was 80%.

The last six months have been challenging for SHI responding to questions from those departing from the Organization due to reduction in force.

SHI Digital Platform

The Secretariat provided an update on the IT project for replacement of the current health insurance system which is nearing end-of-life and is non-compliant with WHO and modern IT standards, resulting in operational inefficiencies and high maintenance costs. This creates an opportunity to invest in a system which will take advantage of advanced techniques such as Artificial Intelligence (AI), optical reading of documents as well as inter-operability with healthcare providers and networks and case management. A decision on the product selection is expected by the end of 2025. It is expected that the new system should be operational by the beginning of 2028.

Members representing former staff on both the SHI Global Oversight Committee and the Global Standing Committee will be involved in the selection panel and subsequently will participate in the Steering Committee overseeing the project design and implementation.

Budget 2026–2027

The Acting Comptroller presented the proposed budget for the next biennium. This included a proposal to create a global centre for claims' processing. The aim of such a centre would be to optimize staffing levels and enhance operational consistency. Depending on the location selected, the centre should also result in cost savings. If finally agreed upon, the centre would be gradually implemented between 2027 and 2028. During the discussions, we stressed the importance of ensuring that there was no disruption to SHI services. A minimum staff would be retained in each Regional Office and HQ location to provide a helpdesk facility for participants.

Update on Investments

The Treasurer provided an overview of SHI investments. Over an eleven-year period, from 2014 to 2024 inclusive, SHI funds have grown by 330%. The actuarial liability funding ratio has risen from 30% to 94% over the same period.

Internal Audit

The Auditors presented an overview of their work on SHI cases. The time taken for investigations has been reduced. The Committee discussed the audit recommendations aimed at additional fraud prevention. The zero-fraud tolerance policy of the Organization was confirmed.

Medical Adviser Report

The new Medical Adviser presented her report.

The response time to participants and stakeholders was successfully reduced which was a welcome development. Escalation of some cases to the SHI Global Standing Committee (Standing Committee) was avoided thanks to proactive case handling. Whilst most cases submitted to the Standing Committee involved medical aspects of claims, a large number of special cases reviewed related to late submission of claims. The Standing Committee has a strict policy in relation to the time limit for claims' submission. The Standing Committee benefits from advice of in-house multidisciplinary experts when dealing with complicated cases. The experts also help SHI to identify best practices and care gaps leading to actionable recommendations enhancing patient treatment quality. By recommending appropriate locations in the case of medical evacuation for instance, the Medical Adviser has achieved significant savings for the SHI fund whilst at the same time assisting participants in identifying appropriate treatment.

Report of the Chair of the SHI Global Standing Committee

The Chair of the Standing Committee presented his report. The Standing Committee had reviewed 43 cases so far in 2025. The Chair pointed out the impressive range of clinical expertise available amongst the members of the Standing Committee. This year had seen a significant number of new members inevitably leading to a learning curve. Thanks to organized briefing sessions, they were brought up to speed very quickly. The Standing Committee has established a sub-committee to review off-label use of medicines which significantly reduces the time and workload for the members of the Standing Committee.

Benchmarking of SHI Rules

WHO SHI is conducting a benchmarking study of the SHI rules in order to determine what changes should be made to the plan benefits to ensure that the programme continues to provide relevant, affordable and, if possible, best in class benefits into the future. SHI's benefits have been compared with a number of other international organizations. The study is being conducted by an external company with significant experience in this domain. From the studies to date, SHI ranks high in some categories of benefits but less high in others. The next phase of this exercise will be to cost various scenarios in order to evaluate the impact of potential changes to benefits.

Behavioural Study

The WHO Behavioural Insights Unit was requested to carry out a study for SHI to determine the possible reasons for the non-submission of claims to SHI by a significant number of participants in some regions when compared to others. The idea was to better understand the behavioural barriers affecting submission of SHI claims. The data were collected by means of online in-depth interviews with staff and former staff in the regions affected. The findings identified various reasons: barriers related to individuals' characteristics and perceptions, barriers related to SHI claims processes, system and structure, barriers related to social and cultural context, norms, values and practices and finally those related to perceived non-alignment with Organizational values. Some have insufficient understanding of how SHI works. For others, personal circumstances (including busy roles, travel etc.) impede them from submitting timely claims.

The findings will be analysed further by SHI with the aim of identifying ways to eliminate barriers and encourage participants to claim reimbursement for medical expenses incurred.

Access to Healthcare Initiatives

The Secretariat provided information on the initiatives and agreements contracted with healthcare providers over the last year. These included a project to allow cashless access to outpatient services in locations where that was warranted. 25 new agreements were signed with healthcare providers. This work is ongoing. The agreements facilitate the life of participants whilst achieving cost savings for SHI at the same time.

Conclusion

Overall, this was a very productive two-day meeting with active participation from the Committee members and all recommendations arising from the meeting were made by consensus.

Alejandro Henning and Ann Van Hulle

FEDERATION OF ASSOCIATIONS OF FORMER INTERNATIONAL CIVIL SERVANTS (FAFICS)

55th Council of the Federation of Associations of Former International Civil Servants (FAFICS)

As mentioned in *Quarterly News* No. 141, the following guidelines on Long-term Care planning were issued to all associations of FAFICS (Federation of Associations of Former International Civil Servants) after its Council session in July 2025. The aim of the guidelines is to assist members in advance planning for the eventuality of requiring long-term care at a later stage in their lives. The guidelines are fairly general and the individual associations were advised to adapt them to suit the situation in their country. We hope that these may provide food for thought on this important subject.

Ann Van Hulle

Planning for Long-Term Care: Introduction

The number of retired staff in international organizations is steadily increasing. Many retirees now live well into their 80s and 90s. Globally, the population aged 60 and older is expected to double by 2050. For UN staff, actuarial estimates show that those retiring at 65 can expect to live about 20 more years (for women) or 17 years (for men).

Thanks to medical advances and healthier lifestyles, many retirees remain in good health for longer. However, with increased age comes a higher chance of needing help with daily tasks (Activities of Daily Living (ADL)). Chronic conditions, reduced mobility, and increased fall risk may lead retirees to consider long-term care arrangements.

Planning ahead for this stage can make future decisions easier and improve quality of life. This document provides guidance for FAFICS associations and their members, recognizing that national care systems and cultural expectations vary. Some countries may offer better assistance than others. In some cultures, the elderly are typically looked after by their children and grandchildren and frequently live under the same

roof. In other cultures, the elderly are frequently expected to be more independent in finding a solution. The information should be adapted as needed to reflect local realities.

Key Areas to Consider

- Health and Long-term Care (LTC) insurance
- Government or social security support
- LTC options: home care, retirement communities with stepped up assistance availability and nursing homes
- Financial planning
- Healthy living and preventive care
- Staying connected with family and community
- Managing LTC and financial matters

What is Long-Term Care (LTC)?

LTC includes services for people with chronic illnesses, disabilities, or cognitive decline that affect daily activities like bathing, dressing, and eating. Care may be provided by nurses, trained aides, family, or others.

Levels of care are often assessed as:

- **Low dependency:** help with shopping, meals, or transport
- **Medium dependency:** help with bathing, medication, or dressing
- **High dependency:** 24-hour care is required

Health Insurance and LTC Coverage

Most UN retirees receive a pension from the UN Joint Staff Pension Fund and may have After-Service Health Insurance (ASHI), if eligible. The ASHI plans typically cover medical care, including short-term nursing, but usually do not cover long-term non-medical care.

Some insurance plans may offer a daily allowance for LTC if certified by a physician, but benefits are limited. It is important to review the health insurance for LTC details, as coverage is not standard.

Supplementary insurance may help, but few international organizations offer LTC insurance. Some UN agencies offer partial support, and UNIDO offers a separate LTC plan with participant-paid premiums. A 2023 Joint Inspection Unit (JIU) report found LTC coverage to be among the least effective areas in UN health plans. The reality is that health insurances were not designed to cover non-medical care required to perform Activities of Daily Living.

In general, private LTC insurance has had mixed success globally. Costs are often underestimated, and rising life expectancy has made many plans unaffordable. Joining after age 70–75 is usually difficult or very expensive.

Government or Social Security Support

Support varies greatly by country. Some offer LTC services or financial help through national health or social security systems, often based on citizenship, residency, or contributions.

In some countries, state-run elderly care facilities exist, and some may provide financial assistance to help with recruitment of required home help for LTC. In others, services are limited or under development. It is important to understand the specific benefits available in the country of residence.

LTC Options: Home Care, Retirement Community or Nursing Home?

(a) Home (Domiciliary) Care

- Allows retirees to stay in their familiar environment
- May require home adaptations (e.g., stair lifts, accessible bathrooms) which can be expensive
- Some insurances or national programs may help with adaptation costs
- Costs vary, especially for 24-hour care
- May be more affordable if it is possible to offer live-in accommodation to the caregiver
- Neighbours and friends can be a comfort and a help

(b) Retirement Communities with Stepped-up Assistance

- Available in some countries and allows individuals to live independently with the possibility of stepped-up assistance, including assistance with Activities of Daily Living and memory care (known as Continuing Care Retirement Communities in the US-CCRCs)
- Costs vary widely in different countries. Some require purchase of the unit and a monthly fee, others just a monthly fee
- In most of these communities, many daily activities are offered as well as on site medical support

(c) Nursing Homes

- Nursing homes offer round-the-clock professional care
- Include both medical and non-medical services
- Residents benefit from structured activities and social engagement
- Costs vary widely; insurance may help with medical care but not room and board
- Some facilities offer therapies like physiotherapy, ergotherapy or occupational therapy etc.

Financial Planning

Planning early for LTC costs helps avoid stress later. Consider:

- Including LTC in your retirement savings plan
- Consulting an investment advisor
- Exploring life endowment policies (insurance with savings)
- Using property as collateral through a reverse mortgage
- Assessing the impact of a lump-sum pension payout on future income
- When estimating the cost of any kind of institutional care, the costs of a couple as a whole need to be considered. If one partner requires institutional care, the cost of the other partner who needs to continue to live in and maintain the permanent residence must be factored into the equation.

Tax rules on UN pensions differ by country, so retirees should research their country's laws. FAFICS member associations may be able to provide local tax information.

Staying Healthy and Delaying LTC

A healthy lifestyle can delay or reduce the need for LTC. This includes:

- Regular exercise
- A balanced diet
- Medical checkups and condition management
- Staying mentally active through reading, games, courses, or other hobbies
- Preventing or managing conditions like diabetes, heart disease, and osteoporosis reduce long-term care needs.

Staying Connected with Family and Community

Family and community connections are key to well-being. Social isolation increases the risk of depression and cognitive decline. Several studies have shown the benefits of remaining socially connected with others. For instance, a study

published in *"The Lancet Healthy Longevity"* in 2021 showed that socially active older adults had lower levels of psychological distress.

Whenever possible:

- Talk to family about LTC plans early
- Choose LTC arrangements that allow family involvement
- Consider proximity to loved ones when selecting care options
- For those without close family nearby, community involvement becomes even more important.

Managing LTC and Financial Affairs

Some retirees can manage their affairs even while receiving LTC. Others may need help. It is wise to appoint a trusted person – family member, friend, or fiduciary – to oversee finances and care arrangements.

Regular oversight helps prevent mismanagement or abuse, especially if carers have access to funds.

Conclusion

It is difficult to predict future health needs, but planning for LTC now makes difficult decisions easier later. Healthy living can delay the need for care, but insurance alone is unlikely to cover all LTC costs.

Recommended Action

FAFICS associations can support their members by sharing information about local LTC services and options. By adapting this guidance to national contexts, associations can better help retirees plan for a secure and supported future.

FAFICS Council 55/2025/D.10.b/2

NEWS FROM WHO

Highlights of news from WHO

- The 158th session of the Executive Board will take place from 2–7 February, preceded by the 43rd meeting of the Programme, Budget and Administration Committee from 28–30 January.
- Regarding disease elimination, on 18 August WHO announced that **Nepal had eliminated rubella** as a public health problem; on 13 October WHO validated **the Maldives for eliminating mother-to-child transmission (EMTCT) of hepatitis B**, while maintaining its validation in 2019 for EMTCT of HIV and syphilis, thus becoming **the first country in the world to achieve “triple elimination”**; and on 20 October **Fiji was validated by WHO for eliminating trachoma** as a public health problem.
- During **World Water Week, 24–28 August**, WHO and UNICEF launched a new report **Progress on**



Household Drinking Water and Sanitation 2000–2024: special focus on inequalities. Despite progress over the last decade, **billions of people around the world still lack access to essential water, sanitation and hygiene services.**

<https://www.who.int/publications/m/item/progress-on-household-drinking-water--sanitation-and-hygiene-2000-2024--special-focus-on-inequalities>.

- On 2 September, WHO announced that **more than 1 billion people are living with mental health disorders**, with conditions such as anxiety and depression inflicting immense human and economic tolls. The new findings are published in two reports, **World mental health today**, <https://iris.who.int/server/api/core/bitstreams/31714489-1345-4439-8b37-6cbdc52e15ca/content>, and

Mental Health Atlas 2024,

<https://iris.who.int/server/api/core/bitstreams/5897b3c7-2848-47a7-ba22-0a7902342a81/content>.

The reports served as critical tools to inform national strategies and shape global dialogue.

- On 5 September, WHO released updated editions of its **Model Lists of Essential Medicines (EML)** and **Essential Medicines for Children (EMLc)**, adding



new treatments for various types of cancer and for diabetes with associated comorbidities such as obesity. Medicines for cystic fibrosis, psoriasis, haemophilia and blood-related disorders are among the other additions.

<https://iris.who.int/server/api/core/bitstreams/17642505-ecd3-4940-a691-4f1dfa0d835a/content>

and

<https://iris.who.int/server/api/core/bitstreams/337edac2-d0aa-4e19-9d72-3acb11d09808/content>

- The second meeting of the **Intergovernmental Working Group (IGWG) on the WHO Pandemic Agreement** was held from 15–19 September. In May 2025, the World Health Assembly adopted the **WHO Pandemic Agreement**, https://apps.who.int/gb/ebwha/pdf_files/WHA78/A78_R1-en.pdf, to strengthen pandemic prevention, preparedness and response. It also established an open-ended IGWG to undertake several tasks, including **drafting and negotiating an annex to the Agreement on the Pathogen Access and Benefit Sharing system (PABS)** to enable safe, transparent and accountable access

and benefit-sharing for PABS materials and sequence information. The third meeting was held from 3–7 November.

- On 18 September 2025, WHO released a new report entitled **“Saving lives, spending less”**, <https://www.who.int/publications/i/item/9789240115859> revealing that **an additional investment of just US\$3 per person annually in tackling noncommunicable diseases (NCDs) could yield economic benefits of up to US\$1 trillion by 2030.**
- 19 September marked a milestone in global health governance as **the amendments to the International Health Regulations (IHR) entered into force.** This reflects a renewed global commitment to cooperation in the face of public health emergencies, shaped by the hard-earned lessons of the COVID-19 pandemic.
- The **80th session of the UN General Assembly** (UNGA 80: <https://www.un.org/en/ga/>) opened at the UN Headquarters in New York on 9 September. At the session and its **High-level Week 2025**, <https://www.un.org/en/high-level-week-2025> WHO and partners raised global awareness on progress in addressing a range of critical issues impacting people’s health worldwide, and urgent work that needs to be scaled up (for more information, see **WHO at the UNGA80** at <https://www.who.int/news-room/events/detail/2025/09/09/default-calendar/who-at-the-united-nations-general-assembly-2025>).
 - On 22 September, **WHO and the European Union (EU) renewed their collaboration on achieving universal health coverage** with the launch of Phase V (2025–2028) of the Universal Health Coverage (UHC) Partnership – WHO’s largest platform for strengthening health systems and advancing primary health care. The announcement was made by the European Commissioner for International Partnerships and the WHO Director-General on the sidelines of the 80th UN General Assembly.
 - On 23 September, **WHO released its second Global hypertension report**, <https://www.who.int/publications/i/item/9789240115569> showing that **1.4 billion people lived with hypertension in 2024, yet just over one in five have it under control** either through medication or addressing modifiable health risks. **The report was released at an event co-hosted by WHO, Bloomberg Philanthropies, and Resolve to Save Lives** during the 80th United Nations General Assembly.
 - The **Fourth UN General Assembly High-Level Meeting on the prevention and control of noncommunicable diseases and the promotion of mental health and wellbeing** (HLM4: [https://www.who.int/news-room/events/detail/2025/09/25/default-calendar/fourth-high-level-meeting-of-the-un-general-assembly-on-the-prevention-and-control-of-ncds-and-the-promotion-of-mental-health-and-wellbeing-\(hlm4\)](https://www.who.int/news-room/events/detail/2025/09/25/default-calendar/fourth-high-level-meeting-of-the-un-general-assembly-on-the-prevention-and-control-of-ncds-and-the-promotion-of-mental-health-and-wellbeing-(hlm4))) held on 25 September was the main global health event at UNGA80.
- On 6 October, a **new WHO global report on tobacco trends was released**, <https://www.who.int/publications/i/item/9789240116276>, showing that **1 in 5 adults are still addicted to tobacco worldwide fuelling millions of preventable deaths every year.** For the first time, WHO has estimated global e-cigarette use – and the numbers are alarming: **more than 100 million people worldwide are now vaping.** This includes:
 - **Adults: at least 86 million users**, mostly in high-income countries.
 - **Adolescents: at least 15 million children (13–15 years) already using e-cigarettes.** In countries with data, **children are on average nine times more likely than adults to vape.**
- On 8 October, **Dr Tedros received the Elisabeth B. Weintz Humanitarian Award.** The award is given to honour a visionary public figure who has demonstrated superior leadership in a time of humanitarian crisis.



- On 10 October on **World Mental Health Day**, **WHO/Europe unveiled a landmark new report on the mental health and wellbeing of doctors and nurses. The findings are sobering**, revealing a health workforce that is exhausted, overworked, under-valued and lacking critical support to carry out their duties. ***The Mental Health of Nurses and Doctors (MeND) survey*** is the largest to date, with over 90,000 responses collected and analysed from 29 countries in Europe, with support from the European Commission. The findings reveal the true cost of years of underinvestment in Europe's health systems and health workforce. ***Healing hands – hurting minds – landmark new survey of the mental health and wellbeing of doctors and nurses in Europe***, <https://www.who.int/europe/news/item/10-10-2025-healing-hands---hurting-minds>
- On 13 October, WHO released its ***Global antibiotic resistance surveillance report 2025***, <https://www.who.int/publications/i/item/9789240116337> which presents, for the first time, **resistance prevalence estimates across 22 antibiotics used to treat infections of the urinary and gastrointestinal tracts, the bloodstream and those used to treat gonorrhoea**. One in six laboratory-confirmed bacterial infections causing common infections in people worldwide in 2023 were resistant to antibiotic treatments. Between 2018 and 2023, **antibiotic resistance rose in over 40% of the pathogen-antibiotic combinations monitored**, with an average annual increase of 5–15%. Data reported from over 100 countries caution that increasing resistance to essential antibiotics poses a growing threat to global health.
- Also on 13 October, WHO launched **version 2.0 of the Epidemic Intelligence from Open Sources (EIOS) system**, used globally for the early detection of public health threats. **The Epidemic Intelligence from Open Sources Initiative** <https://www.who.int/initiatives/eios>. Hosted at the **WHO Hub for Pandemic and Epidemic Intelligence** in Berlin, <https://pandemichub.who.int/>, **EIOS is the world's leading initiative for open-source intelligence for public health decision-making used by more than 110 Member States and around 30 organizations and networks.**
- And also on 13 October, a new **global report by the Global Preparedness Monitoring Board (GPMB)** was launched during the World Health Summit held in Berlin, **outlining preparedness priorities to protect people worldwide from future pandemics and other health crises**; it calls for scaled up investment in primary health care, real-time risk assessment, and international cooperation to ensure local and global communities are ready to prevent and respond to the next pandemic. The report is available on the GPMB website, <https://www.gpmb.org/reports/report-2025>.
- On 14 October, in its ***Global status report on neurology***, WHO provided estimates of **the number of deaths caused by neurological disorders, as well as the global burden of neurological conditions**. Neurological conditions now **affect more than 40% of the global population – over 3 billion people**. The top 10 neurological conditions contributing to death and disability as of 2021 were **stroke, neonatal encephalopathy, migraine, Alzheimer's disease and other dementias, diabetic neuropathy, meningitis, idiopathic epilepsy, neurological complications linked to preterm birth, autism spectrum disorders, and cancers of the nervous systems**. <https://www.who.int/publications/i/item/9789240116139>
- Also on 14 October, **WHO and the European Union (EU) announced at the World Health Summit a new agreement to support the digital transformation of health systems and wider adoption of WHO's Global Digital Health Certification Network (GDHCN) in sub-Saharan Africa**. This EU–WHO partnership will improve pandemic preparedness and accelerate progress towards better health and well-being for all.





- On 17 October, the **World Bank Group, the Government of Japan, and WHO launched the Health Works Leaders Coalition**, <https://www.worldbank.org/en/programs/health-works/leaders-coalition>. This global alliance brings together health and finance ministers, philanthropic organizations, business leaders, leaders of global health agencies, and civil society representatives **with the aim of promoting investments in health systems as a strategy for economic growth, job creation, and improved resilience.**
- From 28–31 October, **WHO and the World Federation of United Nations Associations (WFUNA), co-hosted a student-led simulation of the World Health Assembly, Global Model WHO 2025**, <https://www.who.int/news-room/events/detail/2025/10/28/default-calendar/global-model-who-2025>, to let students debate pressing health challenges, collaborate across cultures, and engage directly with WHO experts. This year's topics included migration and health, digital health and artificial intelligence, mental health, and vaccine hesitancy. **The simulation lets students build leadership, negotiation, and public speaking skills as well as connect with peers shaping the future of global health.**
- **A major new global report released on 29 October by *The Lancet Countdown on Health and Climate Change*, in collaboration with WHO, warns that the world's continued dependence on fossil fuels and insufficient adaptation to a warming planet are already taking a devastating toll on human health.** [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)01919-1/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)01919-1/fulltext).

The report highlights the growing evidence that climate change is not only an environmental issue but a direct and escalating threat to health and wellbeing worldwide. It also points to the urgent need to accelerate climate action as the most powerful opportunity to protect health, improve equity, and strengthen economies - with signs that action already underway is bringing enormous health gains.

- On **World Cities Day** on 31 October, **WHO called on national and city leaders to transform urban areas into engines of health, equity and sustainability.** More than 4.4 billion people, over half of humanity, now live in urban areas, a figure projected to rise to nearly 70% by 2050. While



health challenges loom in all urban settings, the worst health outcomes are often concentrated in slums and informal settlements. **Today, 1.1 billion people live in conditions of unsafe housing, inadequate sanitation, food insecurity and rising exposure to floods and heat, a number expected to triple by 2050.** With the new guide for decision-makers "***Taking a strategic approach to urban health***" WHO provides concrete ideas to usher in a new era of urban health action. <https://www.who.int/teams/social-determinants-of-health/urban-health/strategic-approach>.

- On 3 November, WHO released new guidance called "***Responding to the health financing emergency: immediate measures and longer-term shifts***" for countries on ways to counter the immediate and long-term effects of sudden and severe cuts to external funding, which are disrupting the delivery of essential health services in many countries.



- 3–9 November was **Medicine Safety Week**. **Regulators rely on reports about side effects from healthcare professionals and patients to monitor the safety of medicines but less than 10% of all suspected side effects are ever reported.** **#MedSafetyWeek** highlights how everyone has a role to play in medicines' safety. This international campaign led by Uppsala Monitoring Centre, WHO's Collaborating Centre for International Drug Monitoring, brings together medicine regulators and health organizations from over 130 countries to raise awareness and encourage reporting of side effects. The 2025 campaign marks the **10th anniversary of #MedSafetyWeek**. <https://who-umc.org/medsafetyweek/>

- On 5 November, **UNICEF, UNRWA, WHO and partners, in collaboration with the Palestinian Ministry of Health, announced the launch of an integrated catch-up campaign for routine immunization, nutrition, and growth monitoring in the Gaza Strip** to reach 44,000 children cut off



- from essential life-saving services by two years of conflict. **The campaign will be implemented in three rounds to reach children with three doses of Pentavalent, Polio, Rota & Pneumococcal Conjugate Vaccine and two doses of Measles, Mumps, Rubella vaccine.** The first round of the campaign took place from 9–18 November.
- From 10–21 November, **WHO in collaboration with Wellcome hosted the Health Pavilion at the COP30 UN Climate Conference in Belém, Brazil.** More information on the health side events at COP30 is available at <https://climahealth.info/cop30/>.

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

Sue Block Tyrrell

AFICS GENERAL ASSEMBLY: PRESENTATION BY THE PRESIDENT OF FAFICS

Speech by Jerry Barton to the General Assembly of AFICS, 8 October 2025

Members of the AFSM Executive Committee attended the General Assembly of the Association of Former International Civil Servants (AFICS) and heard this speech by Jerry Barton, President of the Federation of Associations of Former International Civil Servants (FAFICS). We believe it to be of interest to AFSM members.

Dear colleagues, friends, and distinguished members of AAFI-AFICS Geneva and affiliated Associations;

It is both an honour and a privilege to address you today — here in Geneva, the birthplace of FAFICS itself. To stand before one of our founding associations is to stand before a community that has not only witnessed but actively shaped the history and spirit of FAFICS.

From the earliest days of our Federation, retirees from Geneva played a defining role — not just in establishing FAFICS as an organization, but in giving it its enduring character: a federation built on solidarity, integrity, and a shared commitment to the values of the United Nations family. The energy, expertise, and vision that emerged from this city have guided us for decades and continue to inspire us today. Presidents, secretaries, treasurers and delegates to countless pension, health care, and ageing communities. Our office is here and I visited it yesterday. We are still not finished sorting through the old records sent from New York.

AAFI-AFICS Geneva has long been at the forefront of caring for retirees — ensuring that our colleagues and friends can live their post-service years with dignity, security, and a continued sense of belonging to the international civil service community. The dedication of this association to advocacy, welfare, and fellowship sets a standard of excellence that resonates across the FAFICS network. I want to express my deep appreciation to the leadership and volunteers of AAFI-AFICS for their tireless work in this regard. AAFI-AFICS is one of the ‘top five’ leading Member Associations in FAFICS and I look to you for new ideas and projects based on our four (or actually five) pillars – pension safety and growth, After-service Health Insurance

and Long-Term Care, Membership, and Communications, plus of course advocacy for the principles and programmes of the United Nations system.

I trust that my letters to Associations are shared among your membership. I recently was told that my letters are too long and too ‘internally focused’ – not showing value for money. Well, in case you missed it, I think the previous year was a success. Yes, we are still working internally to correct some rules, to embed ethics and transparency in our work, and to increase our membership (especially in Africa, but also in eastern Europe).

But also in those topics that touch all 90,000 beneficiaries worldwide – pensions and health insurance, I believe we have accomplished much. Concerning pensions, the increase of 35% in the small pension adjustment scheme, and its inclusion in biannual reviews are the direct result of FAFICS interventions. This year the Pension Fund re-enabled the Two-Track option in a few countries for the first time, and there will be an annual review of the suspensions by the Fund – something we have been requesting for years. Our members have been providing professional inputs on audit and financial committees. And for the first time since the creation of the Pension Board’s “speakers caucus”, the head of the FAFICS Delegation is included in those consensus-building side meetings. Concerning After-Service Health Insurance, the results have not been as prominent, but I am proud of the work leading to letters to the Secretary-General and other high officials on the importance of health insurance after retirement.

Last February, I addressed the annual general meeting of FICSA. Our good cooperation with FICSA over the years had lapsed in the last decade,

and I wanted to restart it. I want to thank Ann van Hulle from Geneva for being our new contact on their Social Committee.

In the past year, I have chaired three pre-retirement seminars – the most recent just last week for some 130 people in the Vienna-based organizations. We all know that many staff are being let go because of the funding crisis in the UN. In about a month's time I will be chairing a virtual session through FICSA, with questions. The intention is to clarify some of the important decisions and aspects of post-UN life to as many of these former staff as possible. The details are still being finalized. I hope to share the chair with Marashetty Seenappa. ***Last Friday, after closing the two-day pre-retirement seminar, I realized that I had again forgotten to tell the attendees that, whatever their choices when retiring, they should be proud to have contributed to the unique work of the Agencies and Programmes that they served. You, too, should be proud of the contributions you made and continue to make as active retirees.***

I am also, in my personal capacity, helping to launch a social media campaign of support for the UN programmes. Its preliminary name is the “**UN Advocacy Community**” and the plan is to launch it on UN Day ¹.

As I said in my 50th anniversary speech last July, we must look to the future. FAFICS depends on the active participation of retirees — not only as beneficiaries of our work but as contributors to our mission. We need the wisdom, experience, and enthusiasm of Geneva's retirees to continue shaping the FAFICS' agenda and to ensure that our collective voice remains strong and relevant. Next year, for example, we will need a new Treasurer. I also need a new delegate to the Pension Board to replace Gerhard Schramek. For that matter, we will

need a new President according to the existing rules.

I therefore appeal to you — the members of AAFI-AFICS Geneva — to consider volunteering your time and talents within FAFICS. Whether through committees, advocacy initiatives, or mentoring newer associations, your contribution can make a real difference. The challenges retirees face today — in health care, pensions, representation, and social protection — require the same commitment and creativity that you once brought to your service with the United Nations.

Finally, let me emphasize the broader purpose that unites us all. As retired international civil servants, we are not retired from the values that guided our careers. The principles of the United Nations — peace, human rights, equality, and sustainable development — remain as vital today as ever. FAFICS and its member associations can and must continue to promote these ideals in our communities, acting as ambassadors of the UN spirit wherever we live.

In a world facing division, misinformation, and inequality, our voice — grounded in experience and guided by principle — can help bridge understanding and foster hope. Let us use our collective influence to support the United Nations and its programmes, and to show, through our actions, that retirement is not the end of service, but a new chapter of commitment.

Dear colleagues,

The history of FAFICS is deeply intertwined with Geneva. Its future, too, will depend on Geneva — on you. Together, let us renew our engagement for the years ahead.

Thank you.

Jerry Barton

¹ The **UN Advocacy Community** was duly launched in November.

The website is at <http://unadvocacy.net/>.

The LinkedIn group can be found at <https://www.linkedin.com/groups/15473046/>.

Everyone is invited to read about the Community and, if you feel you would like to support its work, to join.



United Nations Advocacy Community

IN MEMORIAM

Recent deaths¹ of former WHO staff members as reported to AFSM

Acuna Diaz***	Maria Cecilia	12 Jun 25	Hainaut	Pierre	31 Jul 25
Agban	Bernard K	08 Sep 25	Henao	Samuel	07 Aug 25
Amini	Ataollah	31 May 25	Jayasinghe	Sarogini Neelakanthi	29 Jun 25
Azaman	Salim Abdallah	27 Jun 25	Jeanmairet	Suzette	12 Jul 25
Babindamana	Gabriel	15 Mar 25	Jha	Saroj S	05 Aug 25
Badiki	Charlotte	Not Available	Madureira	Jorge M	28 Jul 25
Barneond	Carmen	04 Jul 25	Mlumba	Ahmed	03 Jul 25
Bisht	Vishnu Singh	04 Sep 25	Mora	German E	22 Jul 25
Bombo	Arthur	28 Jun 25	Mpout	Paul	17 Apr 25
Ceruti	Jaime Angel	12 Aug 25	Munzinger	Judith A	02 Jul 25
Clarke	Michele N	30 Jul 25	Odria	Luis F	08 Jun 25
Cliff	G Barry	03 Apr 25	Pelto	Gretel H	15 Jul 25
Compton	Ray Ross	21 May 25	Renaud	Pierre G	10 Jun 25
Cotrina	Narey P	15 Aug 25	Rivett	Bernadette C	04 Sep 25
Diatsoika	Marcel	24 Aug 25	Sankaranarayanan*	Rengaswamy	03 Aug 25
Espinola	Helio N	13 Jun 25	Santos	Regina	13 Aug 25
Evangelista	Ubirajara De Souza	22 Jun 25	Shrestha	Ram Bahadur	21 Aug 25
Gatmaytan	Napoleon	26 Jun 25	Suitters	Bryan T	02 Aug 25
Guislain	Philippe	11 Aug 25			

The deaths were also announced of the survivors of former staff members: Arevalo, Felipa; Bagayoko, Ouarabadie; Bouekassa, Marie; Caldeyro, Carlos; Chowdhary, Satya Wanti; Cordero De Valencia, Alejandra Maritza; Dunbar, Mijntje; Esatoglu-Bazzini, Maria; Esteves***, Guillermo; Felszer, Celia; Horwitz, Cecilia; Johnson, Inez Elizabeth; Khalil, Nazli Coubeche; Nkoumou, Monique; Pereira, Antonia Rosenalya; Renteria, Miren Amaia; Seneviratne, Merlyn; Veeraragoo, Annaruby.

¹ The present notification of deaths was gratefully received from UNJSPF and covers Q3 2025. 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. List includes former staff of *IARC, **ICC, ***PAHO, ****UNAIDS, *****UNITAID.

2025 AFSM GENERAL ASSEMBLY

Report of the AFSM General Assembly on 6 October 2025

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

Opening session – first part

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

Address by the Director-General

Jean-Paul then informed the participants that unfortunately the travel plans of Dr Tedros had changed at the last minute but he had kindly recorded a message to the AFSM members.

In his video message, the DG referred to the historic World Health Assembly this year. Firstly, Member States had adopted the Pandemic Agreement – a landmark instrument of international law that will make our world safer.



Secondly, Member States had approved the next increase in assessed contributions – a major step towards making WHO more independent and protecting it from future shocks like the one WHO had received at the beginning of 2025.

The announcement by the United States that it intends to withdraw from WHO, along with funding cuts from other countries, had forced WHO to make some very difficult and painful decisions. At this year's World Health Assembly, Member States had approved a substantially reduced budget for the next biennium.

Inevitably, this means there is no choice but to reduce the size of the workforce. It started at the top, reducing senior management and the number of directors by almost half. The painful process of saying goodbye to many dedicated and talented colleagues was now almost completed. Dr Tedros remarked that he is acutely aware of the impact on their lives, families and careers. WHO is trying to support them all as best it can.

Throughout this process, the principles of transparency, fairness and humanity have been followed. Of course, no process is perfect, and concerns that staff are raising are being addressed, but by and large, Dr Tedros was confident that the process followed will deliver a WHO that is not only leaner, but also sharper, more focused on its core mandate, and more independent.

Although this is a very difficult situation, the Administration saw it coming and had taken measures to mitigate. When the Transformation began in 2017, one of the major risks identified was WHO's heavy reliance on earmarked funds from a handful of traditional donors. So, a range of reforms had been put in place to broaden the donor base and make WHO's funding more diverse, resilient and sustainable. Most significantly, in 2022 Member States had committed to increasing assessed contributions progressively to 50% of the budget. This decision had already made a huge difference; if it had not happened, WHO would be facing a much worse situation than it is facing now.

Since early February, a series of cost-saving measures had also been implemented, and WHO had embarked on a prioritization exercise to ensure its focus is aligned with its core mandate and projected financing. Together, these actions – the increase in assessed contributions, and the cost-containment measures – are expected to help avoid about 900 separations globally.

Dr Tedros added that when he had first addressed the AFSM Assembly in 2017, he had said that we should make arrangements to work together, help each other and remain one family. He hoped that AFSM members will agree that considerable progress has been made in these eight years. The AFSM is now much better recognized by WHO management, and links have been established with several WHO programmes, including healthy ageing. Dr Tedros was also pleased to see that the AFSM at HQ is working hand-in-hand with the six Regional Associations to address the common concerns of former staff around the world. The ideas which had been proposed had helped to institutionalize the relationship, and Dr Tedros continues to seek our ideas to strengthen and sustain that relationship. He will meet again soon with representatives of all the Associations to discuss how we can implement their proposals together.

Dr Tedros thanked everyone once again for their continuing commitment to WHO, for continuing to engage, to mentor, and to offer expertise and experience.

“Once WHO, always WHO”.

At the end of the DG’s address, Jean-Paul asked whether there were any questions for conveying to Dr Tedros.

One question was asked concerning Staff Health Insurance (SHI) – how it would be affected in view of the budget cuts and whether there were any plans for delocalization. Patrick Cronin from the Human Resources and Talent Management (HRT) team, former AFSM Focal Point, responded that there is a lot of ongoing discussion at the moment regarding possible changes in location of some offices for strategic reasons and cost-cutting

elements, but he could not comment on the situation regarding SHI at this meeting.

Patrick Cronin was then joined by Patrick Nicollier, the new Director of HRT since January 2025. Due to the funding situation he had unfortunately not



Patrick Nicollier, Director HRT



Patrick Cronin, Human Resources and Talent Management (HRT)

yet had time to meet the AFSM but he expressed his gratitude for the work of the Association and all that its members had done in the past for WHO and continue to contribute to. He expressed his support for the concerns of AFSM members and hoped the relationship with the Association would strengthen in the future when the current crisis is past. In response to a question raised, Patrick Nicollier informed participants that, as part of the restructuring, approximately 600 positions at headquarters in Geneva may be affected, out of a total workforce of around 2,600 staff. The Regional Offices are also going through a restructuring process. To try to avoid more staffing cuts, a voluntary early retirement package had been offered, together with some cost-cutting measures. Both Patrick Nicollier and Patrick Cronin then had to leave the Assembly.

Jean-Paul remarked that other questions for the DG could be put in the *Chat* or sent to the AFSM Executive Committee which would bring them to the attention of Dr Tedros.

Jean-Paul then mentioned that this General Assembly was the last one within the term of office of Dr Tedros – his mandate will have ended before

the next Assembly in October 2027. On behalf of the Committee, Jean-Paul expressed his deep gratitude to Dr Tedros who has been so supportive of the AFSM since the beginning of his mandate in 2017.



Opening session – second part

A minute of silence was observed in memory of colleagues who had passed away since the last General Assembly, with special tribute to four former Executive Committee members:

- Alain Vessereau, a founding father of the AFSM and its first President in 1989
- David Cohen, a former President and Editor-in-Chief of the *Quarterly News* for so many years – his articles on health matters were greatly appreciated
- Yves Beigbeder who had joined shortly after the Committee was established and had helped the Committee with his legal knowledge
- Maria Dweggah, a more recent Committee member who was devoted to helping people – her enthusiasm is greatly missed.

Jean-Paul then welcomed invited guests:

- From sister associations – Odette Foudral from AFICS, François Kientzler and José Tossa from ILO Anciens, and Claudio Caponi from the WMO Amicale
- Catherine Kirorei Corsini, President of the Staff Association at HQ who is a good friend to the AFSM
- Charles Hager and Richard Saynor, AFSM Auditors
- AFSM Polling Officers – Janet Clevestine, Helena Mbele-Mbong, Frances Palen and Andrée Prodham

- Representatives from the UN Joint Staff Pension Fund, together with staff dealing with pensions at HQ, would join the Assembly for agenda item 6 on pensions
- Representatives from the Staff Health Insurance would join the Assembly for item 7 on Staff Health Insurance.

Catherine made a short statement. She had taken on the role of President of the Staff Association in January 2025, and it has been an extremely busy and difficult time. Many staff wish they were already retirees. The Staff Association is doing its best to help colleagues affected by the cuts in discussion with Management with whom the Association has good relations. Catherine had been President for three years a while ago and her friendship and collaboration with the AFSM had begun at that time. She appreciates her contacts with the AFSM when advice is needed and is grateful for the excellent and respectful collaboration between the two Associations.

Election/appointment of Chairperson, online Moderator and Polling Officers

As in the past, the Executive Committee had agreed not to make a call for nominations/secondment of the Chair and Sue Block Tyrrell, an AFSM Co-President, proposed that Caroline Cross be



appointed as Chairperson. There were no objections.

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

In accordance with the AFSM Statutes, Polling Officers were elected for 2025-2026. Janet Clevensline, Helena Mbele-Mbong, Frances Palen and Andrée Prodham were re-elected for a further two-year term of office. No additional names were proposed. The Assembly thanked the four of them for their assistance.

Adoption of Agenda

The agenda was adopted as presented.

Executive Committee report

Jean-Paul referred to the different activities contained in the report, notably section 6.1 on the *Quarterly News* (QNT).

Keith Wynn, Editor-in-Chief of the QNT explained the situation. The decision of the Government of the United States of America to withdraw from WHO had inevitably caused turmoil throughout the Organization. The original plan today had been to inform members about the wish of the AFSM Executive Committee to significantly reduce the cost to WHO by making a substantial reduction in the number of printed copies of the magazine. We had intended to seek approval that in future only members without access to email would continue to receive a printed copy and all other members would have to accept reading it online.

However, recent decisions in WHO had overtaken such plans. Keith had been informed the previous week that all the posts of the printshop staff would be abolished and the printshop would be permanently closed as soon as possible, at the latest by June 2026. Therefore, today, the Executive Committee cannot just seek approval to make reading the QNT online the only option for members with email, but it must inform you that the decision has been taken for us.

The Executive Committee is investigating the feasibility and cost of producing and mailing the barest minimum number of copies for members with no email access, of a much reduced black and white paper edition. Every other member will have no choice but to read online.

Although we are sorry to have to inform members of this development, we should not forget that the AFSM has benefitted from the free and efficient provision of its printing and mailing requirements from WHO since its inception in 1989. Our main concern today must be with the staff who are losing their jobs.

Several comments were made:

(Comments from participants are in italics, with responses by the Executive Committee members in regular font).

- *The QNT should be posted on the AFSM website*
 - This has been and is currently the case up until the October 2025 edition but we have just learned that this will not be possible in future due to the staffing cuts in the web team. The Executive Committee has started working on a SharePoint but this is not yet ready. It will be similar to SHI-Online – members will need to register once online and choose a password. The SharePoint will not only give access to the current edition of the QNT but also to all the past editions, hopefully with a search option. There is no question yet of the AFSM not keeping its website but updating it is likely to be problematic.
- *The AFSM should set up its own website as soon as possible, not linked to the WHO website*
 - If the SharePoint does not work, this would be an avenue to explore.
- *AFSM members have greatly appreciated the printed copy of the QNT and the editorial team has done a fantastic job. The magazine is the glue which keeps all members together. If the Executive Committee has to prioritize its expenditures, the QNT should be the last product to go.*
 - The Executive Committee takes note of the comments and will take the necessary steps for the future of the QNT.

The Executive Committee report was approved. As there is no choice, the QNT will be digital only from now on with just the barest number of copies of a much-reduced black

and white edition printed and mailed for those members with no email access. The Executive Committee was requested to explore the possibility of setting up its own website.

Jean-Paul referred to the many activities in the report. Members of the Executive Committee are getting older and tired and he made an appeal for younger volunteers to join the Committee. If those present cannot volunteer, they are encouraged to approach their friends who could help. ***The Chairperson requested those present to convey this message to their colleagues.***

Pensions

The Chairperson welcomed from the Geneva Office of the UN Joint Staff Pension Fund (UNJSPF) – Denise Gustin-Gardella, Chief of Client Services, and Gilles Fado, Legal Officer; and from WHO/HQ – Claude Hennetier Rossier, Coordinator, Compensation and Pension Services, and Frederick Loirat, Team Lead, HQ Pension Unit and Secretary of the WHO Staff Pension Committee.



Denise Gustin-Gardella, Chief of Client Services, and Gilles Fado, Legal Officer, from the UNJSPF Geneva Office

Denise showed a few slides the content of which is shown below:

The UNJSPF in numbers:

Serving close to 240 000 members as of 31 December 2024

- 25 Member Organizations
- 150 704 active participants
- 89 308 periodic benefits in award

Funding status

- USD 3.662 billion in contributions received per annum (as of 31.12.2024)
- USD 3.835 billion in benefits paid per annum (as of 31.12.2024)
- Market value of assets: USD 101.2 billion (as of 30.6.2025)
- Funded ratio: 111% (a ratio exceeding 100% means the Fund is in a strongly funded position)

The UNJSPF – solvency:

Information about the Fund's solvency is under Actuarial Matters on their website at <https://www.unjspf.org/the-fund/actuarial-matters/>

Information about the Fund's financial situation – watch the 11 April 2025 Pension Townhall recording

<https://www.unjspf.org/newsroom/watch-the-unjspf-global-townhall-recording/>, the Chief Executive of Pension Administration, and Representative of the Secretary-General for the investment of the UNJSPF assets provided updates on the status of the UN Pension Fund.

“Our clients can be assured that their benefits are secure”

The UNJSPF – News

2024 Annual Report published on the website 8 September 2025 at <https://www.unjspf.org/wp-content/uploads/2025/09/UNJSPF-2024-Annual-Report-Web.pdf>

Statement of benefits – a new feature in the Member Self Service (MSS) to subscribe and obtain statements, choice of language and period – under the Menu tab – Ad-hoc Document Request.

Members can obtain these statements for the current or past periods or for different tax periods directly through the MSS.

Client Survey

An email was sent from donotreply@news.unjspf with a link to an online survey, open until 31 October 2025. Members were encouraged to complete the survey.

Contacting the UNJSPF

Always use the official contact channels (Contact Us) to ensure that your queries are duly received, acknowledged, tracked, routed internally for review and you receive a timely response.

Denise mentioned that although the number of participants is decreasing, the status of the Fund remains secure and healthy. The decreasing number does not impact on the Fund's ability to pay the benefits for its current and future participants for the foreseeable future. The next actuarial valuation will take place in 2026. The Fund is working on a more secure Member Self Service (MSS) system, so at some point everyone will have to re-register and log-in through a multifactor authentication process.

The office of the Client Services team in Geneva is open for a walk-in service on Tuesdays and Thursdays from 10.00 – 13.00 but if these times are not convenient, retirees can contact the Client Services team to make an appointment – in person, online, or by telephone at a different time.

Discussion then ensued on the following matters:

(Questions from participants are in italics, with responses in regular font by the Pension Fund staff, WHO staff working on pensions and the AFSM focal points for pensions)

- *Will the Certificate of Entitlement continue to be sent by mail?*
 - If a retiree is currently receiving the Certificate by post, it will continue to be sent by post. However, members on the dollar track are encouraged to retrieve their Certificate directly through the MSS platform.
- *When will the next cost-of-living increase take place?*
 - If there has been an increase of at least 10%, the next cost of living increase will be made this month – October. Otherwise, if there is an increase of at least 2% since the last cost-of-living increase, it will be made in April 2026.
- *There are problems with currency exchange, e.g. between the US dollar and the Euro – some retirees have lost between € 250-500.*
 - Pensions are calculated by default in US dollars. There have been fluctuations in the exchange rate of the US dollar and the Euro. The Fund does have a pension adjustment system to protect purchasing power in the country in which the retiree resides. Some retirees opt for the two-track system. The pension is then determined based on the Consumer Price Index (CPI) of the retiree's or beneficiary's country of residence. As such, every quarter the dollar amount and the local currency amount are compared and retirees are paid the higher of the two, subject to a minimum and a maximum. There is a minimum pension amount in the local currency that retirees will not go below. The two-track pension is less subject to currency fluctuations.
- *At the time of preparing for retirement, people are told about the two-track system but at that time they are not sure whether to return to their country of origin or to remain in Geneva. What can be done to help?*
 - If retirees have not chosen the two-track system they can still choose to do so but they are encouraged to look at estimates before taking the decision. There is no time limit for choosing the two-track system. However, retirees need to be aware that it will apply for the rest of their life, even if they move and they will need to provide proof of country of residence every year when filling in the Certificate of Entitlement. If the retiree is registered in the MSS, s/he can run estimates on each

country and look at the figures and compare them with what they are currently receiving. This matter can be discussed with the Fund if help is needed.

- *Regarding the future solvency of the Fund, what period of time is being looked at, 5–10 years, 10–20 years? The effects on the Fund of fewer people contributing are not known.*
 - The Fund is looking at very long-term projections, 30–40 years. The Fund's management has advised its staff to insist in the meetings they attend that, with the current reduction in the number of participants, there will be no impact on the long-term solvency of the Fund.
 - Claude Hennetier Rossier is a member of the Pension Board which has been looking at actuarial projections for the next 50 years. If there are fewer participants, there will be fewer retirees – the situation does not change and paradoxically helps the actuarial situation and does not deteriorate it. Fewer participants means fewer contributions in the short term but it also means fewer future retirees who will be entitled to pension benefits in the long term. The short-term projections and long-term actuarial projections are therefore different. There is risk management with committees which look at the Fund's investments and the strategy to achieve the target of 3.5% real return on investments. The investment portfolio mix keeps changing and is actively adjusted to market conditions to ensure the rate of return. Currently the contributions of active participants almost balance the payments to beneficiaries. Going forward, the actuaries have projected that, in the coming 50 years, active participants' contributions and interest should continue to cover the payment of benefits without having to touch the capital of the Fund. The Fund is therefore in a very positive situation and will remain secure in the long term.
- *Does the Fund have responsible investments, e.g. not in companies dealing with armaments, alcohol, tobacco etc.?*
 - Historically, the whole of the UN system does not deal in investments in arms, alcohol or more recently tobacco etc. In the context of the UN Joint Staff Pension Fund, there have been decisions on exclusion of conventional and unconventional weapons since 1948 from the investments of the Fund. In 1960, a decision on the exclusion of tobacco was taken and, more recently, in 2021, the exclusion was extended to fossil fuels. Additional information can be found on the Fund's website.
- *What is the independence of the Fund from the UN system?*
 - Hierarchically, the Fund comes under the Secretary-General but the Fund is protected and cannot be used for other purposes. There is a strict segregation of funds between the Pension Fund and the UN. Since 10 years ago, a dedicated Representative of the Secretary-General (RSG) manages the Pension Fund, not the UN Comptroller. There are Pension Fund rules which protect this situation and also the governance structure (Pension Board). The Pension Board is a tripartite entity with representatives from Member States, the Administrations and elected Participants from the 25 member organizations of the Pension Fund which monitors all issues pertaining to the Pension Fund. Although the Pension Board has no direct responsibility for investments, it is consulted during Pension Board meetings and there are discussions with the RSG. There are many oversight committees working on different aspects to ensure the solvency of the Pension Fund.

- *How real is the total availability of the Pension Fund in view of the political evolution of the situation in the USA? Also, there is a tax envisaged from January 2026 on international payments from non-US national retirees, e.g. from South America, resident in the USA who send money to their families in South America. Can such a tax be levied on their UN pensions? And can the Pension Fund help?*
 - The Pension Fund is not aware of this envisaged taxation and has no power on taxation. (See footnote below ¹).
 - In certain circumstances, retirees can open accounts in USD in Switzerland for example, not just in the USA.
 - The UN is extra-territorial and the Pension Fund does not make payments through US banks all the time. As a last resort, the Fund could explore delocalizing the origin of the payment, e.g. from Geneva instead of the USA. Such steps have been taken in the past in times of crisis. The payment mechanism could be changed. Separate discussions are needed with the Fund on this matter. It can pay from different countries in different currencies through different banks.
 - This had happened in the past, e.g. in Mali, when the Pension Fund had delocalized payment of the pensions to retirees in the country in view of the problems there at that time.
- *The size of the Pension Fund can lead to attempts to manoeuvre it. During a Pension Board meeting in 2007, the representative of the Secretary-General had proposed two types of management – passive and active and more risk-taking for investments. The staff representatives on the Board were against the proposal, although the Member States representatives were in favour. Fortunately, the issue occurred at the time of turnover of the Secretary-General and the proposal was dropped as the new SG did not want to get involved. Fortunately, now, the security of the Fund has been tightened up.*
- *We recognize that the present status of the Pension Fund is very healthy. However, an answer which is never given concerns the worst-case scenario in view of the current status of the world, the threats of war, climate change etc. Looking at history and the great depression, if that were to happen again, what would happen to the Pension Fund and how could we guarantee that payments would continue to be made as there would still be funds available?*
 - This is an important question which should be addressed by the RSG or his representative to this General Assembly. Denise and Gilles work in the benefits management side of the Fund. There are secure systems in place which are tested regularly and perform well during the tests. Scenarios exist which are integrated into the risk management of the Fund.
 - A second aspect of a potential crash is a financial crash. The Fund's capacity is not linked to the value of the capital, at least not for the next 50 years, and even if there is a financial crash, payments will continue to be made. Business Continuity and Disaster Recovery scenarios have been tried and tested to ensure the resiliency of the Fund. There have been crashes in the past, e.g. in 2008 when the value of the Fund was USD 57 billion and dropped to USD 25-26 billion within three months and its level now is over USD 95 billion.

¹ Information from the AFSM Executive Committee.

The following text is from the IRS (Internal Revenue Service) website: *Beginning 1 January 2026, remittance transfer providers are required to collect the remittance transfer tax from certain senders..... The 1% remittance tax will apply to certain remittances when the sender makes the transaction with cash, a money order, a cashier's check or a similar physical instrument.*

In other words, exempt from the tax would be non-cash transfers, such as

- Sending an international wire transfer from your US bank to your non-US bank account
- Transferring your Social Security, 401(k), or IRA (Individual Retirement Accounts) distributions from your US bank to your non-US bank account
- Using WISE, Revolut, or any other online money transfer service to transfer money from the US to your country of residence

- We are not dependent on the capital to pay the pensions. The contributions and interest will be enough for the next 50 years plus.
- *Concerning the Cost-of-Living Adjustment (COLA) and the date when applied. In the past this exercise took time to be done on spreadsheets, and the gathering of the CPI data took time which probably explains the date of 1 April. However, with all the electronic technology today, and despite the statistics problems, why is the increase not paid retroactively to 1 January even if paid in April? This matter should be raised again in the Pension Board.*
 - This has recently been discussed and adopted by the Pension Board and agreed by the UN General Assembly. However, according to the current rules, the cost-of-living date remains at 1 April.
 - The Pension Fund gets the data from the UN Bureau of Statistics which gathers data from all the countries. It is not sure whether all the information is received by end December nor why the date remains at 1 April.
 - This matter is often discussed in the Pension Board. At its meeting last year, the Pension Fund did a study, and the majority of the countries give statistics fairly rapidly but about 20% of countries do not send in their information until later so changes cannot be applied earlier and the status quo currently remains.
 - The Pension Fund representatives will look into the matter.
- *Regarding the calculation of the Cost-of-Living Adjustment (COLA), it is currently based on the CPI/inflation rate in December but the average during the year is generally greater than the December value. The COLA of the US Social Security Administration (SSA) is computed differently, based on the average CPI for the third quarter (July, August, September) of the current year compared to the same quarter of the last year in which the COLA was determined. Can the Pension Fund reconsider its calculation method?*

- At the Fund, the COLA is based on the year-over-year change in the December CPI, not the average CPI. Even if the December CPI is lower than the annual average, the rate of change remains valid, ensuring the fairness and consistency of the calculation.

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

Influenza vaccinations

Before the coffee break, a slide was shown with the dates of 22, 23 and 24 October for flu vaccinations for retirees and their spouses who are covered by SHI, organized by the WHO/HQ Staff Health and Wellbeing service.

Staff Health Insurance

The Chairperson welcomed Laure König, Governance Officer and Saj Senanayake, Finance Officer, from the SHI team. Laure presented slides, the content of which is shown below:



Laure König, Governance Officer and Saj Senanayake, Finance Officer, SHI

SHI Rules effective 1 July 2025**Improvements include:**

- New paragraphs on prior approval (B.5) and proof of payment (C13)
- After-Service Health Insurance (ASHI) renamed to SHI continued participation
- Sessions with a dietitian are no longer linked to certain pathologies
- Medical report for long-term nursing care only required every 5 years
- Prescription no longer needed for 13 benefits (e.g. physiotherapy, osteopathy, glucometer, etc.)
- Medical report and prior approval no longer needed for 12 benefits - only a prescription (e.g. vitamins, wheelchair, insulin pump etc.)
- Removal of the requirement for a child not to be gainfully employed (up to 28)

Main 2025 achievements

- Overall reimbursement of claims **within 15 working days**
- **Increased support to staff** during this critical time, in close collaboration with PEN and HR
 - Dedicated briefings
 - Special Leave Without Pay (SLWOP) for SHI purposes
 - All separation queries replied to within a maximum of 48 hours
- **78%** of participants very satisfied or satisfied with the overall services

2026–2027 – in the pipeline

- **Behavioural Insight Study in AFRO and EMRO**
 - Improvements to be proposed at the Global Oversight Committee should benefit participants globally
- **SHI Digital Platform**
 - Go-live planned for August 2027 (Minimal Viable Products)
- **Healthy status of the Fund**
 - 79% of the projected After-Service Health Insurance (ASHI liability) funded as at 31.12.2024
- **Holistic review of benefits including some increases**
 - After the current restructuration is finalized

Some suggestions from SHI to participants

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

In case of emergency

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

During office hours, call your SHI team

Outside office hours, call the emergency number on your SHI card: +800 4141 2222

Toll free: +41 22 819 9700 – there is always someone on this number and they can issue a letter of guarantee

Other useful contacts

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

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

Generic emails:

General enquiries: shihq@who.int

Direct payment/hospitalization:
shidirectpayment@who.int

Prior approval/medical reports:
shimedicaladviser@who.int

Affiliation/former staff contributions:
shi_affiliations@who.int

General enquiries and reimbursement

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

shihq@who.int

+41 22 791 18 18

Africa

afrgoshi@who.int

+472 413 92 99

Europe

eushi@who.int

+45 45 33 67 67

Americas

shi@paho.org

+1 202 974 3537

South-East Asia

seshi@who.int

+91 11 4304 0200 / 0161

Eastern Mediterranean

shi-emro@who.int

+202 227 650 00

Western Pacific (including Global Service Centre)

wproshi@who.int

+632 8528 8001

Discussion then ensued on the following matters:

(Questions from participants are in italics and responses are in regular font given by SHI staff and the AFSM Executive Committee focal point for health insurance)

- *Does SHI check the medical invoices which it pays directly to the provider as the participant cannot see them and there have been cases of duplicate invoices? And can SHI inform the participant of what has been paid?*
 - There are two scenarios. Participants can ask for a cost estimate if there is planned surgery. SHI staff who issue the letter of guarantee check the cost and can negotiate in advance directly with the health care provider. If there is no cost estimate and the participant pays and claims, there is no possibility for cost-containment, but the participant should check the invoice to ensure that s/he has received all the services listed as provided.
- *Regarding the estimated funding (79%) of the ASHI liability, presumably built-in scenarios were given to the actuaries on the projected staff cuts – if not this percentage is likely to change. Also, as not everyone is likely to understand what this 79% means and what the liability of the Organization is to pay its share for current and future retirees, it would be good to summarize the meaning.*
 - SHI has accumulated a healthy Fund balance (or net assets) as at 31 December

- 2024 worth 79% of its ASHI (After-Service Health Insurance) liability.
- These net assets represent the growing surplus of the sum of participant contributions, Organization contributions and investment income over the sum of claims paid and administrative expenses.
 - The ASHI liability is a hypothetical calculation made by the Fund actuary which is required for financial reporting purposes under IPSAS (International Public Sector Accounting Standards) and this represents the amount of money payable by the Organization (in present value terms) to finance future claims from both current former staff and future former staff. This is calculated based on their eligible years of participation in the SHI.
 - The Secretariat currently anticipates that if anything this funding level will increase from 79% as at the end of 2024 to more than 90% by the end of 2025.
 - *Why does SHI not negotiate special rates with health care providers in the United Kingdom? Fortunately, the British Association of Former UN Civil Servants (BAFUNCS) has a Benevolent Fund which can help its members with short-term requests if they are asked for a large advance on payment. There are so many different providers now and some have never heard of WHO.*
 - SHI will be pleased to discuss this outside of this General Assembly. It has been difficult to negotiate with some of the health care providers in the UK but there are some tacit agreements already in place. When SHI issues a letter of guarantee it is normally accepted by the provider in the UK but if not, SHI can usually pay up front if necessary. There is now a procurement expert in Budapest who has been very successful in negotiating agreements with providers. When a retiree knows about a planned intervention, SHI should be advised so that they can contact the provider and get the letter of guarantee accepted. SHI would welcome receiving
 - more information from retirees in the UK about the problems they face, in order to assist them.
 - *Regarding the removal of the requirement for a child not to be gainfully employed up to age 28 years – can the child be covered beyond this age or indefinitely, perhaps on the basis of a special condition?*
 - The child is covered by SHI up to the end of the month when s/he turns 28 years old. However, if the child is recognized as disabled by Staff Health and Wellbeing prior to the staff member's separation date from the Organization, SHI coverage is maintained for life. For children who are under medical treatment when they reach the age limit for participation, reimbursement is allowed for expenses of such treatment incurred within 90 days of the date when their participation ended (SHI rule E.11)
 - *If the child has had treatment before his/her 28th birthday, then reaches 28 years and is in between treatments which need to be continued, should SHI be contacted to get permission or can the treatment just be continued?*
 - Under SHI Rule E11 medical expenses for a child who is reaching age 28, SHI will pay only up to the end of the month when the child turns 28 but if, for example, orthodontic or mental health treatment is continuing, coverage by SHI can continue up to 90 days after the birthday. SHI should be informed of such cases so that the specific medical treatment can be confirmed by the Medical Adviser.
 - *Can retirees still obtain proper physical SHI cards to show to providers?*
 - Plastic cards for active staff were stopped from January 2024. Cards for retirees are valid for 5 years. Retirees will be receiving soon a new plastic card by mail valid for the next 5 years (2025–2030) but after that no more big batches will be produced as many cards are returned and SHI is trying to be more ecofriendly. The process to follow to

generate an SHI electronic card will be sent to all former staff with the last batch of plastic cards. Retirees can however make requests in 2030 to receive a new plastic card on an individual exceptional basis, but it will not be sent automatically.

- *Regarding generic medicines, often the pharmacist asks the customer whether s/he would accept a generic alternative, but the customer may be reluctant if the doctor has not prescribed the generic version. Should retirees be asking the doctor up front if a generic medicine is acceptable as of course they are much cheaper? Using generics would result in major savings to SHI in Switzerland alone for example. In Switzerland and the rest of Europe, medicines have to be licensed by the local regulatory agency so the generic versions are safe but this is not the case in some parts of the world.*
 - SHI encourages the use of generic medicines but their use is at the discretion of the doctor.
 - Normally the doctor puts on the prescription if only brand-name medicines are acceptable.
- *SHI services are greatly appreciated, and SHI has responded very positively in many cases, including concerning long Covid.*
- *Regarding paper claims, how many retirees still submit them at HQ? Most AFSM members live in the Geneva area, so it is likely that they still prefer to bring their paper claims and put them in the SHI claim box.*
 - Yes, many still do. In 2024, 14 066 paper claims were handed into HQ out of 20 213 globally.
 - One participant (resident in Vaud, Switzerland) pointed out that he uses paper claims, and this makes it easier for him to add up the 20% that he has to pay himself each year and he then puts this figure on his tax declaration which is then deductible (over a certain limit).
- *If you are undergoing treatment and its cost is more than the accepted percentage of your pension and you are reimbursed 100% in the current year, what happens if the treatment needs to continue but the cost does not reach the set percentage of your pension, do you still get reimbursed 100%?*
 - The calculation of the catastrophic limit under SHI rule C.2 is based on a 12-month rolling calendar on the reimbursement date. On each reimbursement date, the system calculates automatically this limit and identifies the additional amount to be reimbursed. If it is an expensive treatment, please reach out to the SHI direct payment team.
- *Under SHI only 80% is reimbursed and a complementary insurance is needed to cover the rest. Has SHI considered revising the percentage to avoid people having to take out complementary insurance? Why are participants not systematically reimbursed 100%?*
 - SHI has a catastrophic limit. Over a rolling period of 12 months, the SHI system will go back for 12 months based on the date of reimbursement and will calculate the 20% the participant has paid. If this is more than 5% of your annual pension, SHI will cover 100% of your care.
 - Jean-Paul added a comment that some years ago, SHI had proposed that the rolling period of 12 months be replaced by a calendar year period but, thanks to the intervention of the AFSM through the elected representatives to the SHI governance committees, the rule was reverted to the rolling period as they had proved that calculation on the calendar year period was to the detriment of participants.
 - For SHI to have an additional fund for the extra 20% instead of participants taking out a supplementary insurance based on personal choice and preference, a proposal would have to be reviewed by the SHI governance, but it would be very difficult financially.

Ann Van Hulle-Colbert (one of the globally elected retiree representatives on the Global Oversight Committee together with Alejandro Henning) mentioned that the elected representatives of retirees on the SHI governance committees find it a real challenge to reach out to retired SHI participants as they do not have access to the email addresses. Fortunately, as Ann is an AFSM member and a member of its Executive Committee, she can communicate with AFSM members through the Quarterly News. Ann expressed the hope that members read the articles that she and Alejandro prepare; feedback is always welcome which can then be conveyed back to the SHI Global Oversight Committee.

In response to the question of complementary insurance being offered by SHI, speaking from her past experience with SHI, Ann mentioned that the aim of SHI, like with other insurances, was to require a co-payment by the participant as a cost containment incentive. Otherwise, participants might be inclined to opt for the most expensive solution without considering the cost. There are insurances which cover 100% of certain benefits like hospitalization and this has been considered. However, it would be very difficult for SHI to manage a complementary insurance globally. Ann is not aware of any such insurance within the UN system.

The Chairperson invited AFSM members who have additional questions to send them to the Executive Committee. Answers can be provided in the Quarterly News.

The Assembly expressed its gratitude to the SHI representatives for their participation and their responses to the questions and thanked all the SHI staff for their help and advice provided to retirees during the year.

Financial report and Auditor's report on the 2023–2024 biennium

Keith Wynn, AFSM Vice-Treasurer, introduced the financial report (*see pages 40–41*). Richard Saynor, one of the two AFSM Auditors, read out the Auditor's Report for the biennium in which he

recommended approval of the 2023–2024 financial report. Richard had prepared the report, working with Keith, as unfortunately the other Auditor Charles Hager had been unwell.

The Assembly approved the financial report for 2023–2024 and accepted the Auditor's report.

Election of Auditors for 2025–2026

In accordance with the AFSM Statutes, the Assembly re-elected the two Auditors for 2025–2026 – Charles Hager and Richard Saynor – and thanked them for their past and continuing services.

Other business

(Comments from participants are in italics and responses by the Executive Committee are in regular font)

- *A suggestion was made that the AFSM should participate in collective activism, rather than be a spectator of the situation of the planet, the world and the cuts in support by the Government of the United States of America and the move to discredit vaccination programmes. Former WHO staff have some responsibility in this area and should not remain silent.*
- *Another suggestion was then made that an article should be written on Palestine.*
 - It was proposed to the members concerned that they prepare articles for the *Quarterly News* which would enable reactions by all AFSM members. However, it is not the role of the AFSM to get involved in politics and the editorial board strives to keep the QNT out of matters such as politics and religion, and to remain non-controversial. Any articles would need to be reviewed by the editorial board but they would probably be rejected.
- *Another suggestion was made concerning collective action of AFSM members in providing assistance to WHO.*
 - This suggestion is being taken forward by the AFSM Executive Committee and the Global Council of AFSMs.

Closure

The Chairperson thanked:

- The Director-General General for all his unfailing support to former staff during his term of office
- The WHO Administration, notably the room bookings team and the videoconferencing team, for organizing this hybrid Assembly for the AFSM
- The technicians
- The presenters
- The interpreters – Geneviève Clément and Christian Stenersen – and the interpretation services team members who have facilitated their participation
- The online Moderator, Ambi Sundaram, for his assistance
- The participants for their active participation, both those in the room and online
- Patrick Nicollier, Director, Human Resources and Talent Management and Patrick Cronin, former acting Director HRT
- Catherine Corsini, President of the Staff Association
- The guests from other associations of former staff
- The Co-Presidents and the Executive Committee members for their efforts to help AFSM members

On behalf of the Executive Committee, Jean Paul expressed his deep gratitude to the Director-General; and to Caroline Cross who had chaired the Assembly so efficiently; and he then reiterated his thanks to all those mentioned by Caroline.

Sue referred to the apéritif in the WHO cafeteria at 17.00. This year, members had not been requested to make a contribution to the cost of the apéritif which was covered by the AFSM. However, they were invited instead to make a contribution to the WHO Foundation. As mentioned in the report of the Executive Committee to this Assembly, the AFSM had previously made a token contribution of CHF 913 (corresponding to one CHF per member) to the WHO Foundation in line with its *One Dollar, One World* campaign and this donation had been gratefully acknowledged by the Foundation.

A total of CHF 400 was donated by members attending the apéritif and has been duly paid to the Foundation. We are pleased to share below an excerpt from the response received from the Foundation – *“Thank you so much for the continued generosity of the AFSM members. Please extend our warmest appreciation to everyone who contributed at your General Assembly, your thoughtful support truly means a great deal. It’s inspiring to see the enduring commitment of the WHO family – past and present – coming together to strengthen global health.”*



EXTRACTS FROM AFSM FINANCIAL REPORT 2023–2024

AFSM/AOMS

Income & expenditure accounts 2021-22/2023-24 & Budgets for 2023-24/2025-26 on 31.12.2024 in CHF
Comptes recettes et dépenses 2021-22/2023-24 et Budget pour 2023-24/2025-26 au 31.12.2024 en CHF

Income/Recettes	Actual/effectives		Budget	Budget
Item/Postes	2021-2022	2023-2024	2023-2024	2025-2026
Membership fees/Cotisations des membres				
Annual members/Membres annuels	1,038.26	745.00	600	600
Life members (new & conversions)/ Membres à vie et conversions	14,401.15	14,049.20	10,000	14,000
Total membership fees/Total des cotisations	15,439.41	14,794.20	10,600	14,600
Interest/Interêts				
on saving account UBS/sur comptes épargnes UBS	0.00	402.55	0	500
on saving account Mutuelle UN/sur compte épargne Mutuelle ONU	6,654.05	0.00	0	0
Total Interest/Total des intérêts	6,654.05	402.55	0	500
Contributions /Contributions				
Contributions by WHO for annual receptions/Reçu de l'OMS pour réception annuelle	0.00	0.00	0	0
Participants' contributions to annual reception/des participants aux réceptions annuelles	0.00	580.00	1,000	0
Lottery receipts during Solidarity Fair/Recettes lors des Foires de Solidarité	0.00	0.00	700	700
Donations from members/Dons de membres	107.00	0.00	0	0
Closure of travel act. w/AFSM /Clôture Compte Voyage	512.23	0.00	0	0
Total contributions/Total des contributions	619.23	580.00	1,700	700
Total income/Total des recettes	22,712.69	15,776.75	12,300	15,800
Expenditures/Dépenses				
Item/Postes	2021-2022	2023-2024	2023-2024	2025-2026
Miscellaneous office expenditures/Fournitures de bureau*	81.20	3,515.35	5,000	1,000
Bank charges/Frais bancaires	558.85	527.79	600	600
General Assembly/Assemblée générale/ (Interpretation)	600.00	700.00	1,400	700
Annual reception /Réception annuelle	0.00	3,010.00	8,000	3,000
Interpretation (Webinar)	600.00	1,713.00	700	1,000
Creation of travel account outside AFSM/Création compte voyage hors OMS	512.00	0.00	0	0
Flowers approved by Ex-Com/Fleurs approuvées par Ex-Com	200.68	293.47	100	500
Reimbursement of travel expenses/Remboursement de frais de voyages	0.00	153.35	0	500
Hospitality/Hospitalité	430.70	815.10	600	800
Donation to Swiss Cancer Research in memory of R. Fontana	1,500.00	0.00	0	0
Creation of AFSM Sharepoint/Création d'un Sharepoint AOMS	0.00	6,800.00	850	1,000
Platforme membership fee/Cotisations Plateforme	450.00	450.00	450	450
Printing cost for banner/Coût d'imprimerie pour bannière	190.95	0.00	0	0
Funds assigned for future services to life members/ Fonds assignés pour services futurs aux membres à vie	13,201.05	12878	9,000	12,833
Total expenditures/Total des dépenses	18,325.43	30,856.06	26,700	22,383
Income over expenditures/Recettes sur dépenses	4,387.26	-15,079.31	-14,400	-6,583

*for 3 new laptops for Ex-Com office bought in 2023 /pour 3 nouveaux laptops pour le bureau du Comité exécutif achetés en 2023

Accounts/Comptes 2021-22 & 2023-24
Balance sheet/Bilan at/au 31.12.2024
in/en CHF

Assets/Actifs

item/Poste	31.12.2022	31.12.2024
Current assets/Actifs courants		
Current account UBS/Compte courant UBS*	270,491.20	90,532.50
Current account Post Finance/Compte courant Poste Finance	18,860.05	0.00
Cash/Caisse	30.90	54.55
Total current assets/Total des actifs courants	289,382.15	90,587.05
Investments/Investissements		
Saving account UBS/Compte épargne UBS	3,790.46	200,384.25
Total investments/Total des Investissements	3,790.46	200,384.25
Total assets/Total actifs	293,172.61	290,971.30

Items/Postes	31.12.2022	31.12.2024
Funds available at beginning of period/Fonds disponibles au début du biennium	275,584.30	293,172.61
Excess/Deficit income over expenditure/Excédent/Déficit des recettes sur les dépenses	4,387.26	-15,079.31
Capital funds as at the end of the period/Fonds disponibles en fin du biennium	279,971.56	278,093.30
Deferred funds from life members/Fonds assignés pour membres à vie	13,201.05	12,878.00
Total	293,172.61	290,971.30

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

2009-10 :	16,465.26
2011-12 :	12,621.15
2013-14 :	10,703.49
2015-16 :	10,132.83
2017-18 ;	14,200.00
2019-20 :	8,545.79
2021-22 :	13,201.05
2023-24 :	12,878.00
Total	98,747.57

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

BOOK REVIEWS

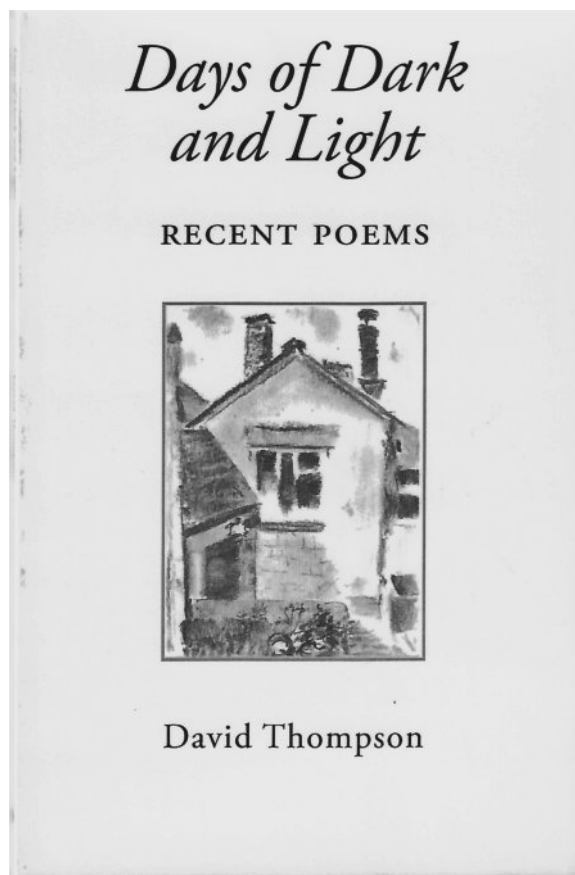
Days of Dark and Light: recent poems

Where The Love Is: poems

By David H Thompson

The first two titles of a planned trilogy.

The third volume is presently delayed by the publisher, and we review the first two volumes here.



Days of Dark and Light

Published: September 2021

Language: English

Paperback: 74 pages

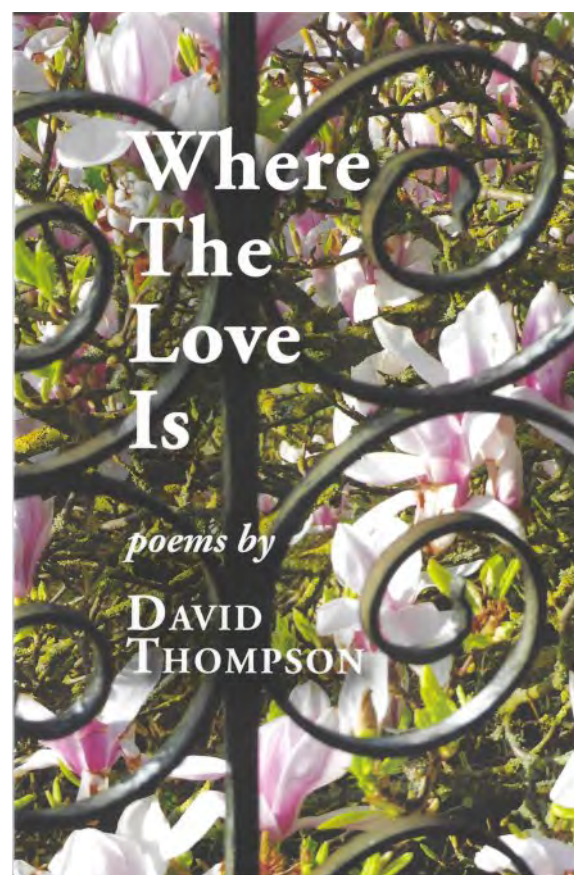
Format: 21 x 14.7 cms

Published by: The Hobnob Press, 8 Lock Warehouse,
Severn Road, Gloucester, GL1 2GA, UK

ISBN 978 1 914407 16 1

Available from the publisher, www.hobnobpress.co.uk
or Amazon <https://www.amazon.co.uk/Days-Dark-Light-Recent-Poems/dp/1914407164>

Price £9.95



Where The Love Is

Published: April 2023

Language: English

Paperback: 92 pages

Format: 21 x 14.7 cms

Published by: The Hobnob Press, 8 Lock Warehouse,
Severn Road, Gloucester, GL1 2GA, UK

ISBN 978 1 914407 48 2

Available from the publisher, www.hobnobpress.co.uk
or Amazon <https://www.amazon.co.uk/Where-Love-David-Thompson/dp/1914407482>

Price £10.95

The reviewer worked very closely with David Thompson in the WHO Publications Department, where David was working from 1971 to 1995, when he retired from his post of Chief, Office of Publications. He continued to free-lance for WHO and other International Organizations after retirement.

As we would expect of a man who worked as a much-travelled linguist and editor, the vocabulary and syntax are irreproachable and there is a wide range and variety of subjects, often bringing together nature and more domestic themes and intimate love, as in the *Prologue* to the later volume.

Poetry is generally best read out loud, and David's work demonstrates the inner assurance and cohesiveness required.

He shows his concern for the environment, with an ironic twist in "*Winning the Race to Zero*". Those who share a knowledge of the area will appreciate "*Afternoon Walk in the Jura*" (one of his prize-winners). He is clearly in his element with love poetry: the same volume ends with the shy and understated finale, "*Everlasting*".

David mentions in his acknowledgements the social media pages of *Words at the Black Swan* and *Frome Poetry Cafe* (each of them physical and Facebook writing groups), and the *King Lear Arts Club* (a web-based national workshop), which provided essential support for his spiritual journey and the company he frequently describes of artists and painters. The accomplished artwork and photographs in the two volumes are all David's work.

His first volume "*Days of Dark and Light, recent poems*" owes his solitary talent to the Covid epidemic where, as he says, "*imagination and memory became even more important*". The author demonstrates this in the last section "*The Hard Years*", with the sonnet "*Self-isolation*" and "*Ten Haiku*", and the poet often writes of solitude.

So, there is this fascinating confrontation of his public and private life. He also acknowledges more than once the influence of Claire Crowther (poet and author), and there is also something of the earthy poetry of Ted Hughes in David's work.

David is a master of free verse (especially evident in "*Prose Poem*"), and uses several forms: sonnet, haiku, ballad, cleriheh, and acrostic – evident in his outstanding "*Every Inch a King*".

The poems, including several prize-winners, are wise and articulate, sometimes romantic, sometimes lightly whimsical, often poignant.

Richard Harrison

AFSM CRUISE 2025

Report of the AFSM cruise to Prague, Dresden & Bohemian castles

13 to 19 October 2025 (7 days and 6 nights)

Day 1 : Geneva – Prague

The AFSM organized a 7-day cruise to Prague, Dresden and Bohemian castles from 13 to 19 October. Our small group of seven persons, Charles Hager, Monique Bottligieri, Catherine Bouchet, Maryse and Alain Caromel, Bunty Muller and Linda Voysey, flew to Prague. As the flight arrived early afternoon, we walked around the town before joining *MS Elbe Princess*, which was moored in the heart of Prague, later in the afternoon. This is a paddle-steamer built in 2016 and is exclusive to *CroisiEurope*. It has 39 cabins, can take 79 passengers and 25 crew members.



Day 2 : Prague – Stechovice

The morning was spent navigating on the Vltava (Moldau) river to the Slapy dam, in an idyllic setting. The landscape is covered with forests on both sides of the river and we were able to appreciate the wonderful autumn colours so typical of central Bohemia. The Slapy lake is a popular vacation spot for Prague residents and offers many water and relaxation activities. The boat carried on to Stechovice which was once known for its gold mines and is now famous for its traditional handmade pottery.

We had an afternoon excursion to Konopiste Castle, a beautiful lakeside Bohemian castle which is over 700 years old. It was entirely renovated in the 18th century and became famous for being the Habsburg's hunting lodge and the residence of Archduke Franz Ferdinand, heir to the Austrian-Hungarian Imperial throne. In addition to its sumptuously decorated apartments, the castle is home to an impressive collection of medieval weapons and armour that had belonged to Archduke Franz Ferdinand, and to a vast collection of stuffed animals. It turned out to be his last abode prior to his assassination in Sarajevo in 1914, which led to the First World War soon afterwards.

In the evening the crew members were introduced to us and we had a welcome cocktail.

Day 3: Stechovice – Prague

In the morning we cruised back to Prague with a detailed on-board commentary on all the various monuments and buildings that we passed.

After lunch we had free time to explore the city.

We were entertained with an excellent evening of Czech Folklore music and dancing.

Day 4 : Prague



The cruise participants enjoying a meal on board, clockwise from front left, Linda Voysey, Bunty Müller, Catherine Bouchet, Alain Caromel, Maryse Caromel, Monique Bottligieri, Charles Hager.

In the morning we had a guided tour of the Prague Castle district, such an abundance of history, with its many palaces, churches and convents placed within the vicinity of the castle, on a hill overlooking the old town of Prague and the historic neighbourhood of Malá Strana. It is reputed to be the largest ancient castle in the world and is the residence and workplace of the President of the Czech Republic. This monumental ensemble emerges from a crown of gardens and roofs and deploys its long horizontal facade from which the towers of St. Vitus Cathedral, one of the most prestigious Gothic cathedrals in Europe and the cloister of Saint George emerge. There is also the old Royal Palace and the Golden Lane, named after the alchemists that thrived there during the 17th century.

There was a guided tour on foot of the old town in Prague in the afternoon. The Stare Mesto, the old town of Prague is a medieval settlement of Prague, dating back more than 1,000 years and was separated from the outside by a semi-circular moat and wall, connected to the Vltava river at both ends. It is one of the most important places in Bohemian history. Strolling along the city's narrow streets, we saw many points of interest, including the old town hall and its famous astronomical clock, the Gothic church of Our Lady before Tyn, and the Charles Bridge. The remarkable Jewish Quarter, which has been a UNESCO World Heritage Site since 1992, has six synagogues including the oldest European functioning "*Old-New Synagogue*", as well as the famous Old Jewish Cemetery.

Day 5 : Prague – Melnik

The morning was spent cruising to Melnik, at the confluence of the Elbe and we had lunch on board.

We had a guided tour in the afternoon of Nelahozeves Castle, a beautiful Renaissance castle in Bohemia that, over the years, was once home to 23 different Bohemian queens and princesses. The castle walls are elaborately adorned with Italian-style stucco and wall paintings depicting scenes from the Old Testament and Greek mythology. It is also home to a rich, private collection of furniture

and paintings, including works by Rubens, Velazquez, and many others. These belong to the Lobkowitz family, the oldest and most eminent Bohemian noble family. During the Baroque period the Bohemian nobility lived a very luxurious lifestyle. At the end of the tour we tasted a selection of wines from the castle's vineyard.

Day 6 : Melnik – Dresden

We left the boat at Melnik for a full-day excursion to Dresden, situated on the Elbe river which runs through the city. It is sometimes known as the "*Florence of the Elbe*" and is the capital city of the Free State of Saxony in Germany, and is renowned for its stunning baroque architecture, its many museums and monuments including the Zwinger Palace which is often used for a variety of attractions, and of course its famous historic Green Vault. Dresden hosts various festivals, including the Dresden Music Festival and the Christmas market, attracting many visitors each year.

After lunch in a local restaurant, the guided tour continued to the Royal Palace, the former residence of Dukes and Kings of Saxony. We appreciated the wonderful architecture and collections, and visited the historic Green Vault, which contains the largest and most amazing collection of treasures in Europe. At the end of our excursion, we returned by bus to our boat in Prague city centre.

We had a delicious gala meal in the evening.

Day 7 : Prague – Cesky Krumlov – Geneva

We disembarked on our last day at 09h00.

As our flight to Geneva was not until the evening, we went by coach to Cesky Krumlov, a very popular tourist resort about 2 hours from Prague and near the Austrian border. Situated on the banks of the Vltava river, the town was built around a 13th century castle and is an outstanding example of a small central European medieval town whose architecture incorporates medieval, renaissance, and baroque periods, and has remained intact for more than five centuries. It is considered the pearl

of southern Bohemia and in 1992 the entire old town was listed by UNESCO in recognition of its architectural heritage.

We had a guided tour of the town and then some free time to have lunch before returning to the

coach for the trip back to Prague airport.

We had a most enjoyable and memorable holiday.

Bunty Müller

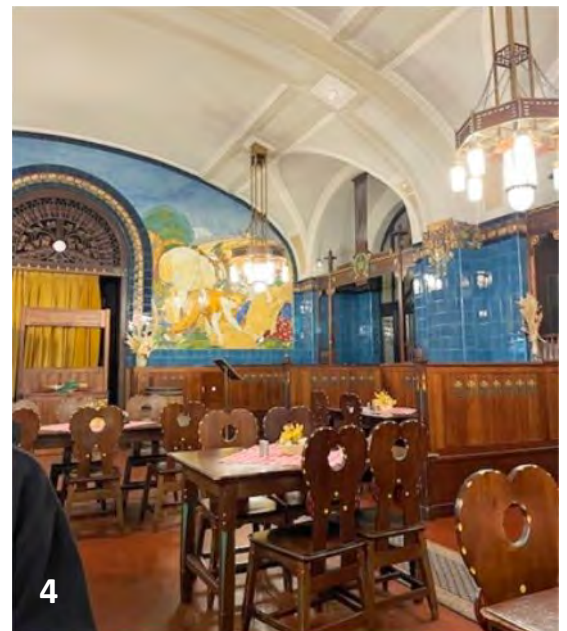


Photo 1, Town centre of Cesky Krumlov, South Bohemia. *Photo: Bunty Müller*

Photos 2, 3 and 4, show the interior of the Art Nouveau style Municipal House restaurant in Prague. *Photos: Maryse Caromel*

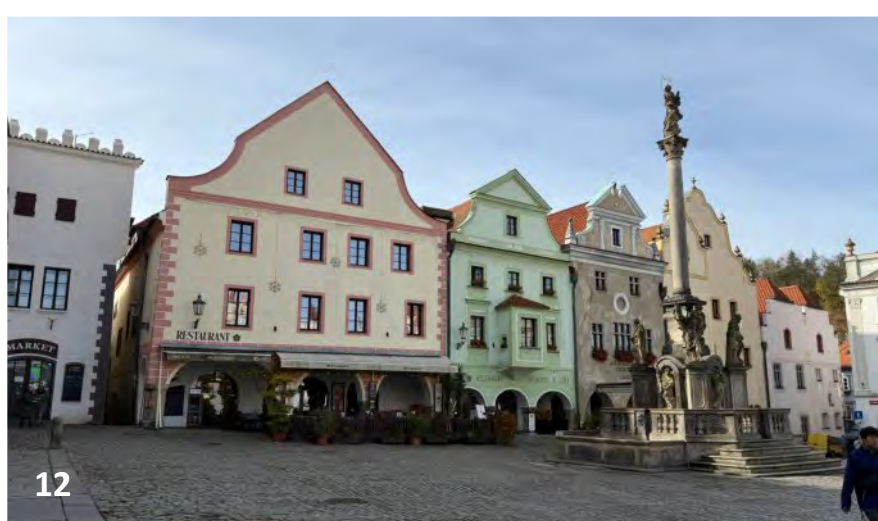


Photo 5. Bridge at Melnik on Vltava (Moldau) river. **Photo 6.** Royal Palace at Prague Castle. **Photo 7.** Municipal building at Cesky Krumlov, South Bohemia. **Photo 8.** Zwinger Palace, Dresden. **Photo 9.** Astronomical Clock in the centre of Prague. **Photo 10.** Statue of horse and rider in Cesky Krumlov, South Bohemia. **Photo 11.** Konopiste Castle, Bohemia. **Photo 12.** Town centre of Cesky Krumlov, South Bohemia. *Photos: Bunty Müller*

2026: POSSIBLE DATES FOR COFFEES/LUNCHES/ACTIVITIES IN THE GENEVA AREA

AFSM quarterly lunches: If you are not on the list of members who have asked to be informed about the lunches, and would like to be contacted, please send an email to afsm_aoms@who.int.

Ferney-Voltaire: Lunches are held on the last Monday of the month at the *Café Voltaire (Chez Toni)*, 8 Grand' Rue at 12 noon. Wolfgang Schutt maintains an email list of those who usually attend the lunches. If you are not on the list and would like to be informed about when they take place, please contact him at wolfgang.schutt@orange.fr.

Geneva:

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

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

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

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

MDA Activités 50+: Also offers many activities for the over 50s – their programme can be found at www.mda-geneve.ch or give them a call on 022 329 83 84 on Tuesday to Friday mornings from 09.00–12.00.

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

UN retirees weekly café in Bellevue: This new event has been set up for UN agency retirees. The group meets every Friday from 09.30–11.30 at *La Vigne Blanche*, 148 chemin des Tuileries, Bellevue. There are parking spaces nearby and also a bus-stop “*Valavran*” on bus routes 20, 50, 52 and 53. For further information, contact Cynthia Hammel (opales555@gmail.com), Mary Martin (martin575@duck.com) or Pamela Gerber (pgerber@bluewin.ch).

ASTRONOMY

The skies for January–June 2026

People sometimes refer to “*The Dance of the Planets*”, meaning their slow and stately movements through the sky as they orbit the Sun, each in its own way. In the first half of this year, you can witness this dance for yourself month by month, from anywhere in the world.

We begin the year with brilliant Jupiter rising in mid-evening over to the east. It lies near two stars, Castor and Pollux, the main stars of Gemini, the Twins. Over the months you will see it change position compared with these stars, first moving westwards away from them until the equinox in March, then changing its mind and moving eastwards. This contrary behaviour is due to the faster movement of Earth in its orbit closer to the Sun.

By March, Jupiter and Gemini are high in the sky, carried ever westwards as Earth continues in its orbit. Then, as we move into May, Jupiter’s brilliance is outshone by Venus, rising in the western twilight. Venus gets closer until on 9 June you can cover the two planets with just two fingers at arm’s length. By now Mercury has joined in, a spark of light below them, and in mid-June the crescent Moon is there as well. As June draws to a close Venus takes over the stage and Jupiter and Mercury sink into the twilight.

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

Article kindly provided by the British Society for Popular Astronomy

All articles in this series refer to the global situation unless stated otherwise. Terms such as midnight refer to midnight local solar time. The solar time for your site may differ from the actual clock time.

ART EXHIBITION IN ROME, ITALY

Alphonse Mucha. A triumph of beauty and seduction

Palazzo Bonaparte, Rome

8 October 2025 – 8 March 2026



Palazzo Bonaparte
Piazza Venezia 5
Rome

Opening hours

Monday to Thursday from 09:00 to 19:30

Friday, Saturday and Sunday from 09:00 to 21:00
(the ticket office shuts one hour before).

Phone: + 39 06 87 15 111

Website:

<https://www.mostrepalazzobonaparte.it/mostra-mucha.php>

Alphonse Mucha, born in the Czech Republic (1860–1939), was one of Europe's most celebrated artists at the turn of the 19th and 20th centuries. He understood the enormous changes the world was going through. The Industrial Revolution was underway and needed to sell its products through advertising. Many artists made their living by creating advertising posters.

Mucha was its most representative figure. His posters combined images of seductive women with innovative typographic compositions and layouts. Furthermore, he created highly original posters. So was born a new genre of visual art that flourished in the Belle Époque Paris. For the first time in history, women were objectified, their images used to sell products. Mucha's style quickly evolved into a whole series of graphic works and decorative objects that adorned the homes of art lovers in Paris and beyond, its creator becoming an icon of Art Nouveau.

In 1904, during a visit to the United States, the media hailed Mucha as the world's greatest decorative artist. Mucha believed in the universality of art, its power to





inspire and communicate, and he hoped for the creation of a spiritual union among the Slavic peoples and, ultimately, among all humanity. The artist dreamed of a better world where ethnic minorities of all cultural backgrounds could live in harmony without being threatened by more powerful nations. Mucha's love for his homeland, and his utopian ideals are evident in his masterpiece, *"The Slav Epic"* (1911–1928).

This initial information helps us understand the man and the artistic journey of Mucha, which made him a symbol of Art Nouveau. Indeed, few people know who this Czech artist truly was, the undisputed master of this style, who revolutionized the image of women at the end of the 19th century with his ethereal and lithe female figures, which became the symbols of Art Nouveau. To learn more about him, it is necessary to visit this, the largest retrospective ever devoted to the artist, *"Alphonse Mucha. A triumph of beauty and seduction"* at the Palazzo Bonaparte in Rome, until 8 March 2026. The exhibition presents a selection of more than 150 works immersed in an atmosphere that recreates the spirit of the era (Paris was his adopted city). Not to be missed is a glimpse into the heart of the theatre with some of the famous posters created for performances by the divine Sarah Bernhardt. Or the first advertisements featuring these iconic women, immersed in the posters, amidst the product being promoted, and a profusion of flowers.

The "virtual guest of honour" at the exhibition, produced and curated by Arthemisia in collaboration with the Mucha Foundation, is the Czech artist discussing virtually with great contemporary masters such as Giovanni Boldini and Cesare Saccaggi about Botticelli's *Venus*; on loan from the Musei Reali-Galleria Sabauda in Turin. *"We are convinced that a common link unites Botticelli and Mucha, based on the importance of beauty as a supreme principle; Mucha's women possess a grace and spirituality that connect them to the Renaissance master"* explains Annamaria Bava, co-curator of the exhibition with Elisabeth Brooke.

The exhibition offers a journey through Mucha's work through all his masterpieces, including *Gismonda*, which marks the beginning of his

collaboration with the actress Sarah-Anne Bernhardt, *Medea*, from 1898, the *Stars* series from 1902 or the *Precious Stones* series from 1900, or the studies on the *Slav Epic* from the Mucha Museum in Prague. The exhibition, in addition to paintings, is also enriched with Art Nouveau furniture, objects and furnishings, offering new perspectives on Mucha's fortune and on the artistic movement which, more than any other, marked the historical period between 1871 and 1914.

Alphonse Mucha said that art cannot be new because it is eternal. Mucha's women are ethereal, certainly, but they are no longer Madonnas to be idolized or inaccessible goddesses, but rather conscious protagonists of a new social and cultural scene. A modern woman reaffirms the centrality of her role without losing any of her femininity, expressing sensuality, gentleness, and determination in her gaze. Mucha was much more than an artist. He was an innovator, a visual communicator capable of giving a seductive and recognizable form to the imagery of the Belle Époque. His famous advertising posters, such as those dedicated to Sarah Bernhardt or to Parisian perfumes and liqueurs, not only popularized graphic art but also transformed the visual language of his time, anticipating the principles of modern design. Mucha's woman, with her lithe form, flowing hair, light dresses, and the natural elements surrounding her, has become the universal icon of Art Nouveau femininity, a movement that revolutionized the applied arts and aesthetic vision between the late 19th and early 20th centuries.



Laura Ciaffei



NEWS FROM FORMER WHO STAFF MEMBERS' ASSOCIATIONS AROUND THE WORLD

News from the Global AFSMs

The Global AFSMs respond to the DG's challenge: How can we help the Organization?

AFSM-HQ: The ninth meeting of the Global Council of AFSMs, organized by our Association, was held in a hybrid format on 9 December. Prior to the meeting, the member associations had jointly submitted proposals to the Director-General to further the institutionalization process and contribute to the work of WHO during this time of staff and resource reductions. Dr Tedros attended the meeting and engaged in dialogue with the associations based on these proposals.

We will provide more details in the next issue of the *Quarterly News*.

Regular contact between the associations, whose reports you can read in the *Quarterly News*, clearly show that these associations continue to evolve in a way that is adapted to the context of each region and that they all demonstrate dynamism and vitality.

Jean-Paul Menu and **Sue Block Tyrrell**

Regional reports

Association of Former Staff Members in the WHO European Region (AFSM-EUR).

Since its launch in December 2024, AFSM-EUR's Monthly Meet-up has grown into a valued tradition, providing former staff a welcoming space to reconnect, socialize and exchange experiences.

Through correspondence in October 2025 with the Regional Office's Human Resources and Talent Management team, AFSM-EUR had requested that the exit form – part of the Clearance Certificate completed during the separation process – include a reference to the Association. This would ensure that staff transitioning from active service to retirement are made aware of AFSM-EUR and can choose whether to establish contact. This request has been implemented: the cover email explaining the separation process includes a paragraph referring to AFSM-EUR. This approach avoids any data privacy concerns that could arise from the Regional Office sharing contact details of soon-to-be retirees.

In October, the Founding Members Group elected a three-member Coordination Committee with Melodie Karlson and Sharon Miller as Co-chairs and Erik Blas as Finance Officer. An Administration Team comprised of Franka Edwards, Manfred Huber (Webmaster) and Jenny Madsen was also established. The budget for the 2025–2026 biennium was approved in November. The decision to appoint two co-chairs reflects the substantial workload of the Association and ensures that responsibilities are shared rather than placed on a single individual. All Association activities are carried out on a voluntary basis, with significant contributions of time – and, in the case of the Webmaster, financial support – from dedicated AFSM-EUR members.

AFSM-EUR launched its official website – <https://www.afsmeuro.org/> – designed as a comprehensive hub for former staff – on 1 December 2025. It features a calendar of activities, links to key resource materials, a membership registration form and a form for website visitors to submit comments or questions.

The annual Christmas Lunch was held on 3 December 2025, bringing together over twenty former staff members for a festive afternoon at a local restaurant. The event featured a surprise intervention from the Regional Director and a gift exchange that added to the celebration.



AFSM-EUR Christmas lunch, held in Copenhagen on 3 December 2025

Standing, from left to right: Melodie Karlson, David Rivett, Rainer Verhoeven, Dora Abplanalp, Monika Wesemann, Jenny Madsen, Pedro Traver, Madeleine Stougaard Svendsen, Ole Borchersen, Mary Stewart Burgher, Marina Hansen, Sharon Miller.

Seated, from left to right: Wendy Enersen, Mavis Osei, Christine Lund, Franka Edwards, Tanya Michaelson, Claire Requa, Elena Nivaro, Pamela Charlton, Marie-Françoise Boré, Elena Egorenkova Raklev.

Photo by Manfred Huber

In collaboration with the Staff Association of the WHO European Regional Office (EURSA), AFSM-EUR will host a seminar on the taxation of UN pensions in Denmark at UN City in Copenhagen on Tuesday, 24 February 2026. The topic remains highly relevant to UN retirees residing in Denmark. AFSM-EUR is developing an action plan, which may include a crowdfunding initiative, to financially support any potential appeal of the court's ruling—expected in March or April 2026—should the outcome not be favourable.

The Administrative Services and Conferences Unit, together with the Regional Director's Office at the Regional Office in Copenhagen, is exploring opportunities for AFSM-EUR's volunteer pool – composed of former staff – to support upcoming meetings and events. Possible support roles were explored in the context of the One Health Conference, and the initiative is anticipated to be rolled out into a broader, flexible support project for WHO meetings and events at UN City Copenhagen in 2026.

Melodie Karlson and **Sharon Miller** Co-Chairs AFSM-EUR

AFSM-PAHO/AMR: News from the Americas.

At the risk of repeating myself, let's reiterate that AMRO is BOTH the Regional Office of WHO (Americas Region) AND the Pan American Health Organization (PAHO), the Interamerican agency for public health. As such it has a dual funding system, for the UN part (approximately a third of the budget) the USA paid about 20%. For the Interamerican part the USA pays a little over 50% of the total.

AFSM was invited to attend the Governing Bodies of PAHO, as part of the agreement signed last year. As such we had the opportunity to witness the USA making a rather harsh assessment of the Organization in the opening session.

Traditionally the USA makes the first presentation. Following that speech, a virtual presentation of the DG's salute to the meeting was aired. As soon as it began, the USA delegation left the room, never to return during the rest of the sessions. Argentina left the following day. The implications are complex. The USA has entered its intention to formally leave WHO but has not made the same announcement for PAHO. This is technically feasible, but in practice it is far from clear how the operations will continue. For example, when a jointly funded activity is discussed, how to differentiate the source of funding? Even more concerning, the PAHO budget and program were approved by consensus, but in the absence of the main contributor. The program was approved except for a component on migrants' health, that the USA had questioned in previous discussions. This topic was postponed for the time being.

Of course, this does not affect former staff directly, but, in addition to our concerns for the Organization where most of us spent a good chunk – if not all – of our careers, there is also the question of the long-term sustainability of the Pension Fund if the number of contributing staff is reduced considerably in the absence of the USA actions. The matter is still not closed.

On a more positive note, thanks to our PAHO side, AFSM has been a founding member of ARAIO (Association of Regional Associations of International Organizations), an umbrella organization that was started with the former staff associations of organizations headquartered in Washington DC, such as the World Bank, IMF, IADB and the OAS. Later AFICS, the European and Asian Development Banks as well as the OECD have also joined. We exchange information and hold a yearly meeting, which in 2025 we hosted. There is a general unease associated with the future of multilateral institutions, although the financial institutions seem to be expanding in staff numbers, albeit with an emphasis on decentralization.

We have used the information gathered in these meetings, for example, to build the case for making Medicare (the health insurance for the elderly in the USA) mandatory, but with reimbursable premiums, saving considerable resources in the health insurance fund. Other agencies were invited to participate in the Walk for Health in PAHO and will be added to the guests on our Healthy Longevity Webinars. We are all eager to participate in the forthcoming tours organized by the 1818 Society of the World Bank, which are very creative and unusual. Other means of cooperation are always being discussed.

In summary, life continues, but with high levels of uncertainty for the future. We shall report when the dust settles.

Have a great end-of-the-year celebration, wherever you are.

Hernán Rosenberg President AFSM-PAHO/AMR

AFSM-SEAR: I convey the greetings of our Association to colleagues the world over.

Our Association remains active in our part of the world continuing to provide support and assistance to our former colleagues in all matters relating to pension and SHI, as well as assisting with banking issues. We especially try to reach out to members who may be constrained by mobility and communication issues or perhaps experience difficulties with digital and IT usage.

AFSM-SEAR is currently undergoing its biennial election process, to elect a new President and Members of the Executive Committee for the 2026–2027 term of office. Elections are expected to be completed soon, and the new Committee will assume its responsibilities from January 2026.

Our Association, and we imagine the other Regions and HQ, is very happy and reassured to record with gratitude the initiatives of Dr Tedros in supporting the Associations of Former WHO Staff. Going so far as inviting us to WHA's, and his personal participation in attending successive AFSM Global Council meetings.

The DG's initiatives are not mere words but great strides in the development of our AFSMs and provide visibility, as well as a sense of belonging, to us all. As Dr Tedros always says, "*Once WHO, always WHO*".

In SEAR we eagerly look forward to progress with unifying our approach in matters of institutionalization as well as enlisting AFSMs as an entity in WHO.

We take this opportunity to send our best wishes to all for a happy and healthy New Year 2026.

M.R. Kanaga Rajan President AFSM-SEAR

AFSM-Africa: AFRO Retired but Not Tired:

Strengthening Collaboration with the AFRO Regional Office. The 5th General Assembly of AFSM-Africa was held on 2 October 2025, with the participation of the new Regional Director, Dr Mohamed Yakub Janabi. The Regional Director expressed his openness and commitment to strengthening collaboration between AFRO and AFSM. The AFSM statutes were revised, and an election will be held at the end of 2025 to elect the members of the Executive Board.

The Collective Book. The French edition of the AFSM collective work, *Et si la santé en Afrique m'était contée...* (What if I were told the story of healthcare in Africa...) has been published and is available on Amazon at <https://www.amazon.fr/dp/B0FVFMZRSY>. The English version will follow.

With sadness we record the passing of three valued members of our Association, Dr Peter Eriki, Dr Matthieu Kamwa, and Mr Wence Kudivila.

Kalula Kalambay President AFSM-Africa

Solange Kouo Epa Secretary AFSM-Africa

ART EXHIBITION IN EVIAN, FRANCE

7 February to 17 May 2026

Modernité suisse. L'héritage de Hodler (Swiss modernity. Hodler's legacy)

Palais Lumière in Evian

Quai Charles-Albert Besson
74500 Evian, France

Website: <https://ville-evian.fr/palais-lumiere/>

Telephone: +33 4 50 83 15 90

Tickets: €9 (full price), €7 (reduced price), Free for under 16's

Opening days and times: Open Wednesday to Sunday 10am–6pm, Tuesday 2pm–6pm
(10am–6pm during school holidays) and on public holidays in France.

A 15-minute walk from Evian train station, a 5-minute walk from the CGN Lausanne–Evian pier.



Albert Schmidt 1883–1970
La Gabiule, 1917. Oil on canvas.
Private collection.
© Villars Graphic SA, Neuchâtel



Werner Neuhaus 1897–1934
Paysage de l'Emmental, 1926. Oil on canvas.
Private collection, courtesy
Association Groupe Romand Art
Architecture Littérature GRAAL
© Raphaël Fiorina, Grimsuat



François Barraud 1899–1934
La tailleuse de soupe, 1933. Oil on canvas.
Private collection, courtesy Dr Corinne Charles.
© Raphaël Fiorina, Grimsuat

Ferdinand Hodler, the central figure. The Palais Lumière presents an exhibition dedicated to the influence of the Swiss painter on his contemporaries and those who followed him.

More than fifty artists, from Albert Schmidt to Félix Vallotton, Giovanni Giacometti, and Alice Bailly and Stéphanie Guerzoni, are brought together in the lakeside town for the "Swiss Modernity" exhibition.

Hodler's legacy. 140 works offer a panorama of Swiss painting between 1870 and 1930. An opportunity to delve into the art and history of the Swiss Confederation during this pivotal period, while immersing oneself in various artistic movements: from Symbolism to Divisionism, including Cubo-Futurism...

UNIAG – UNITED NATIONS INTER-AGENCY GAMES – 2026

51st UN Inter-Agency Games, to be held in mid-May 2026 in Crete

Following the 50th Anniversary Games held at Rennes, Brittany, last May, it was announced that the United Nations Office for Drugs and Crime (UNODC), based in Vienna, would be organizing the 51st Games in 2026.

The “host” agency can hold the Games anywhere it deems suitable (recent venues include Portugal, Denmark, Italy, Austria, Spain and France) and it is with some excitement that we have learned that UNODC has selected **Crete** for the next venue, **tentatively on 6–10 May**. Formal confirmation is expected in late December.

Crete is the largest of the Greek islands, forming the southern border of the Aegean Sea, so we can look forward to a balmy climate and the beauty of the blue Mediterranean. Crete already hosted the Games in 2005 with the same dispersed arrangement of the various sports being shared between several municipalities in proximity to the capital **Heraklion**. In their spare time, participants can go looking for the Minotaur’s descendants.

The 2026 games may be particularly challenged by

the impact of the staff reductions and relocations which UN organizations are currently experiencing. Should preparations again be based on this year’s 1,200 athletes and 200 supporters, bearing in mind that a financial commitment usually accompanies an advance booking of sporting grounds? Will we need 10 or 20 tennis courts?

Meanwhile, feedback on the successful Rennes games continues to be received in the form of the listing of results of the 2025 Inter-Agency Games https://www.interagencygames.org/newsite/?page_id=7724, which is interesting to browse through just to see the incredible variety of disciplines and participating agencies.

One particularly chaotic photo event that had me laughing was the agency group photos, as each agency was given exactly 3 minutes to gather its troops according to a fixed schedule over a period of 2 hours. I am convinced that the back-and-forth surges onto the platform resulted in at least half of the participants ending up in the wrong agency photo. *I nevertheless offer ours below.*



The WHO-IARC-UNICC-UNITAID group photo at 50th UNIAG, Rennes, May 2025

My own chess tournament was highlighted by the fact that I tried to remove a transversal ceiling beam with my forehead on the opening day. That was one encounter that I lost, but the Games first aid emergency team were thrilled because they



The author sporting a barely visible sticking plaster after an encounter with a roof beam, and the ministrations of the entire first aid team.

had had nothing to do until then. So they arrived with great fanfare with stretcher, oxygen, blood transfusions, opium, whatever, to examine the cut on my forehead and to apply a plaster, which I bore for the next 3 days. Everyone said I had never played such good chess.

On a sad note, we were informed in July that Danny Bridi (UNIDO), the President of the IAG Secretariat in Vienna and architect and coordinator of the Games for the past 20 years, had passed away from illness. This was not apparent at Rennes and it's good to think that he was able to celebrate the 50th Anniversary that he had worked so hard to achieve.

On a final note, I would like to emphasize the bonding nature – and purpose – of the greatest annual gathering of UN system staff. There are virtually no other occasions when one can mix and exchange not only with colleagues from one's own agency (HQ, regional, field offices and missions) but with all other UN bodies. Over time, I think I now have friends in the UN global chess community in just about any country that I care to visit. I hope this encourages your participation.

Derrick Deane



The 51st games will be held in and around Heraklion the largest city and the administrative capital of the island of Crete.

AFSM SOCIAL EVENTS

Photos of the AFSM lunch held on 4 December 2025



The participants (in alphabetical order) at the lunch were: Félie Bayenga Dupont, Sue Block Tyrrell, Patricia Brice, Gian Luca Burci, Janet Clevensline, Neda Damachi, Carolyn Doucelin, Monique Eïd, Howard Engers, Helena Mbele-Mbong, Chizuru Nishida, Norman Sartorius, Elsa Vitry.



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