

**AFSM
AOMS**

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



Photo: © WHO Chris Black

Ready for the start of the 3rd Walk the Talk in Geneva.

Dr Tedros is among the front-runners, "Team AFSM" was somewhere among the sea of blue t-shirts.

See page 31 for a full report



4 May 2022

The World Health Assembly re-elected Dr Tedros Adhanom Ghebreyesus to a second term as WHO Director-General. Dr Tedros's new mandate will officially commence on 16 August 2022.

Dr Tedros is pictured here addressing the Assembly immediately following the announcement of his re-election.

The members of the Executive Committee of the Association of Former WHO Staff Members warmly congratulate Dr Tedros. They look forward to resuming their meetings with the Director-General when they are once again allowed into the WHO premises.

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EDITORIAL

While we wait to know whether the pandemic is at last coming to an end, as we very much hope, we trust that you are keeping well.

As you may have noticed, the AFSM logo has been removed from the front cover of this magazine. The reason why is explained in the report on your committee's activities on page 5.

In this issue we continue with more amusing and interesting Anecdotes from the Annexes. Do you have any tales that you keep meaning to send us, but haven't yet got round to doing so? Now is your last chance!

We received only a few replies to our request in the April issue, asking you to let us know if you would like any changes to the magazine. The few replies were all positive, so perhaps we may conclude that no changes are wanted. But it's not too late to tell us what you think, favourable or otherwise. We would still like to hear from you.

By the time you read this you should have received your 2022 Certificate of Entitlement from the Pension Fund. Don't forget to sign it and return it, digitally, uploaded to the Member Self-Service area or by post.

Keith Wynn

EDITORIAL BOARD

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

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

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

Pensions (UNJSPF): Contact by e-mail no longer possible, to send an **electronic message** use the contact form on the Fund's website, <https://www.unjspf.org/contact-us/>. **Visitors:** Presently, there is no access for retirees due to Covid restrictions.
Documents for NY by post, address to: United Nations Joint Staff Pension Fund, c/o United Nations, P.O. Box 5036, New York, NY 10163-5036, USA. **Documents for NY by courier (DHL, etc.) or registered mail, address to:** United Nations Joint Staff Pension Fund, 37th floor, 1 DHP, 885 Second Avenue, New York, NY 10017, USA.
Documents for Geneva, address to: UNJSPF, c/o Palais des Nations, CH-1211 Geneva 10, Switzerland. **Telephone: Geneva:** +41 (0) 22 928 88 00 or **New York:** +1 212 963 6931. **See also the list of Toll-Free and local numbers at** <https://www.unjspf.org/toll-free-numbers/>. In the case of **non-receipt of the monthly benefit or the death of a beneficiary**, visit the website: <https://www.unjspf.org/emergency/> for instructions.

Remember to always have your Unique ID number handy when contacting UNJSPF.

SHI

Staff Health Insurance Newsletter, March 2022



The latest edition of the SHI Newsletter issued in March this year contains a lot of information which may be of interest to our readers. Those of you who have provided SHI with an email address should have received it via email. It is also available in SHI-Online in English, French and Spanish.

Amongst the news provided, readers are reminded of requirements and procedures for claims' submission and prior approval. At the date of issue, the Annual report for 2021 was not available. Previous years' reports are available via SHI-Online. These reports provide financial information and key statistics related to SHI. There is an interesting section in the Newsletter devoted to the subject of ethical investment of SHI Funds. We receive queries from time to time from our members on this subject. As indicated in the Newsletter, Ethical Investing takes into consideration Environmental, Social and Governance (ESG) factors in investment decisions. ESG investing screens companies for their involvement in sectors such as armaments, tobacco, fossil fuels, nuclear energy, alcohol, etc. Of the USD 6.3 billion invested by WHO, approximately USD 1.6 billion

consists of SHI funds which are invested in a mix of fixed income, global equities and real estate funds managed by WHO Treasury in conjunction with seven investment managers. As the Newsletter goes on to point out, these SHI funds are held to finance some of the long-term costs of the provision of after-service health insurance to eligible former staff.

The Newsletter summarizes the results of the latest SHI Satisfaction Survey which showed that the vast majority of those who participated are satisfied with SHI performance. Of the 7,612 who responded, 69% were active staff and 31% were former staff.

Information is also provided on SHI Initiatives planned for 2022–23 including Telehealth, improved access to health care in African and Eastern Mediterranean regions, a behavioural science study aimed at a better understanding of the barriers to accessing treatment particularly in the afore-mentioned regions. A replacement of the existing IT system for SHI as well as a global ticketing system (for dealing with participants' queries) are also among the initiatives planned for the current biennium.

The Newsletter includes a Former Staff Corner containing information on contributions, updating of bank and address details via SHI-Online, submission of claims and virtual training for former staff. A reminder about the conditions for requesting direct payment of large medical bills is also included. A former staff member may request a direct payment whenever an individual medical invoice amounts to 10% or more of their monthly pension benefit. The procedure for doing so is outlined in the Newsletter. We are also reminded that claims must be submitted within 12 months from the date of the invoice. This is very important as SHI is obliged to apply this rule very strictly when faced with cases of out-of-date claims.

The Newsletter also contains a list of rule changes which came into effect on 1 January 2022. For more detailed information on these and other items, we recommend you consult the Newsletter if you have not already done so.

Ann Van Hulle-Colbert

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

We hope that this will prove to be the last time we publish an article under this title. The number of Covid-19 cases is steadily decreasing and we have not heard of a new variant¹. The United Nations offices in Geneva already allow "face-to-face" meetings. On the other hand, at the time of writing, retirees still do not have access to WHO buildings in Geneva. We are waiting for news, in particular for access to the SHI help-desk office.

Our monthly meetings continue to be held by Zoom and of course the visits to the AFSM office are still suspended.

The search for retirees who did not return their 2021 Certificate of Entitlement has just been completed. There were fewer cases in 2021 (387) than in 2020 (573), which made our task a little easier, especially since the WHO administrations, both at headquarters and in the regions, provided valuable assistance. We were therefore able to contact a large number of them. However, it remains the responsibility of retirees to return the Certificate of Entitlement each year, otherwise their pension may be suspended.

A growing number of you have opted for the Digital Certificate of Entitlement despite sometimes having difficulty registering on the phone. Those who have not done so will receive the "paper" Certificate of Entitlement in June-July. Whether they are on the dollar or local track, they can, once signed-in, upload it into their Member Self-Service area on the Pension Fund website, thus avoiding the vagaries of the post office. In the event of non-receipt by the Fund, a new dispatch will be made in October.

You will already know that Dr Tedros was re-elected for a second term. We are very pleased and congratulate him. When the health situation allows, we hope to resume meetings with Dr Tedros and his team.

We have sent you a request for nominations for the election of our next Executive Committee. Those who are interested should return them to our Polling-Officer, Ms Janet Clevestine before 31 July (AFSM-jclev@orange.fr). After the elections, the new committee will be in place at the beginning of November.

We have formed a small working group with the Regional Associations and the Headquarters group to prepare for the organization of a Webinar this Autumn on the Decade of Healthy Ageing. This will enable us to better inform you of the Decade and discuss its implications for retirees.

The third meeting of Associations of Former WHO Staff Members around the world was organized remotely by our colleagues in EMRO. This is covered in more detail in the *News from around the world* on page 18.

Our AFSM was created in 1989 under the aegis of the Headquarters Staff Association (HQ-SA). The HQ Staff Association celebrates its 70th anniversary this year and we will be actively participating. Several members of our Executive Committee have also been presidents or members of the HQ Staff Association.

WHO has tightened the rules regarding the use of its logo. The present AFSM logo will have to be redesigned and this will affect AFSM letterheads and the covers of our publications. We hope to be able to tell you more in the next issue.

Finally, the AFSM cruise on the Douro, which has already been postponed several times due to the pandemic, will probably now take place in Spring 2023. We will keep you posted.

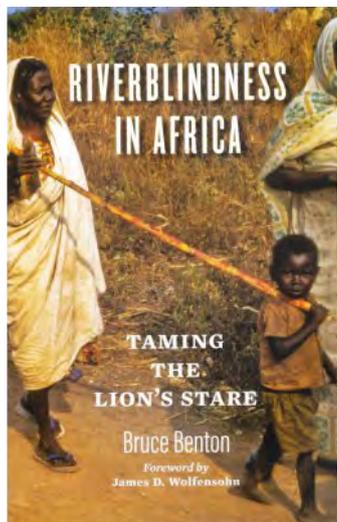
The AFSM Executive Committee and the Editorial Board of the Quarterly News

¹Note however, the appearance of the Omicron sub-variants BA4 and BA5, whose degree of virulence is not yet known.

BOOK REVIEWS

River blindness in Africa – Taming the lion’s stare

Bruce Benton



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This book review appears as we deplore the disappearance of Jacques Hamon, a major actor in the history of the Onchocerciasis Control Programme (see page 23)

Bruce Benton was Coordinator for the World Bank (the Bank) for the Onchocerciasis Control Programme (OCP) in West Africa: *“This book is not about the biomedical aspects of the disease nor the intricacies of controlling oncho in the field...the book recounts the oncho-control history from a macro perspective. That perspective was based in part on the World Bank’s role as the lead sponsoring agency and “fiscal agent” for the control effort, and on my own responsibilities as the Bank’s Oncho Manager for 20 years...The primary focus is on the oncho partnership, including how it was assembled, widened, and sustained over decades”.*

To write the book the author spent several years retrieving documents and conducting interviews with a large number of people who had played a role in the OCP. Readers will find a number of their former colleagues mentioned, and sometimes quoted, including several members of our Association.

The book is not devoid of criticism towards the hierarchy of WHO, a point of view which may not necessarily be shared by our WHO colleagues. Moreover, those who took part in the Programme may feel that it does not reflect what they had lived.

It comprises 9 fairly dense chapters which follow, more or less, the chronology of the Programme.

The first two chapters describe the disease, recall the creation of the programme and its growth.

Following a meeting in Tunis organised by WHO in 1968, a preparatory assistance mission to the West African governments concerned (PAG) was led first by B.B. Waddy and then by Jacques Hamon in 1972. It led to the launching of the Onchocerciasis Control Programme in the Volta River Basin area in 1974.

In 1972, Robert McNamara, President of the World Bank visited Upper Volta (Burkina Faso since 1984). René Le Berre, entomologist at ORSTOM, invited him to visit the areas particularly affected by onchocerciasis. McNamara perceived the pertinence of the control of that disease for the Bank’s objectives in terms of eliminating poverty and decided to collaborate with UNDP, WHO and FAO. The author considers that visit fundamental to the launching of the Programme because, according to one of the people interviewed, *“WHO was still a very technical and normative agency although it had launched several important programmes”.*

In 1975 control operations began in the 7 countries concerned (Mali, Upper Volta, Ghana, Cote d’Ivoire, Benin, Togo and Niger) for an estimated duration of 20 years. The objective was to eliminate the vector of the disease, the blackfly (*Simulium damnosum*) for a period exceeding the lifespan of the adult filariae in the body of an infected person. The control method was aerial spraying with insecticide of the reproduction sites of *S.damnsum*. The Programme was managed by a Steering Committee composed of FAO, UNDP, the Bank and WHO, the executing agency. The role of the Bank was to

mobilize funds and manage the financing. WHO appointed Pierre Ziegler as the first Director. At the end of 1977, Marc Bazin an “experienced diplomat” from the World Bank was nominated by WHO to succeed him.

In the third chapter the author deals with the expansion and precarity of the Programme at the end of the seventies.

An Independent Commission had concluded that ultimate success depended on expansion west of the area treated. Additional financing was needed but the donor countries were showing signs of fatigue. A Commission was set up to study the impact of the programme on the economic development of the region. According to the author its conclusions were criticized by WHO and, as a result, priority continued to be given to the health benefits under the authority of WHO. In 1980, Ebrahim Samba was appointed by Comlan Quenum, Regional Director for Africa, to succeed Marc Bazin.

In 1985, the Bank designated the book’s author its coordinator for OCP.

Chapters 4 and 5 deal with the introduction of ivermectin and the expansion of activities from 1987.

Ivermectin, discovered in 1975 and initially utilized for certain animal parasites is highly effective in killing onchocerciasis microfilariae. It was approved for human medical purposes in 1987 and produced by the firm Merck as Mectizan®. The author notes the initial lack of enthusiasm of Halfdan Mahler, who was not in favour of public-private partnerships nor vertical programmes which were in opposition to the concept of primary health care. He changed his mind when he realized that OCP was advancing the principles of equity and social justice.

Merck took the “historic” decision to provide Mectizan® free of charge “for as long as necessary to all who needed it” The circumstances leading to this decision are described in great detail as well as the enthusiasm of the directors who considered this would improve their company’s image. This

decision was fundamental in persuading the donors to continue.

Originally planned to be administered by mobile teams, this approach to distributing the drug was rapidly considered to be too costly and impracticable. The author indicates that Ebrahim Samba was convinced that the villagers were perfectly capable of administering it themselves and in 1990, community-directed Ivermectin treatment was successfully introduced.

The effectiveness of Mectizan® enabled onchocerciasis control to be extended to 19 other countries where vector control was not possible. 20 years after its start, OCP was replaced in 1995 by the African Programme of Onchocerciasis Control which ended in 2015.

In 2003, onchocerciasis was no longer a public health problem in the countries covered, with the exception of Sierra Leone due to civil war.

The total cost was USD 824 million between 1974 and 2015. To this should be added the value of Merck’s contribution estimated at USD 1 billion. The increase in agricultural production was several times higher.

In the final chapter the author analyses the lessons learned and three key decisions:

- 1972, the decision of Robert McNamara to invest in health
- 1987, the gift of Mectizan® by Merck
- 1992 the decision of E. Samba to introduce community directed treatment.

And three reasons for the success of the partnership:

- The objectives and the strategy were clear to all the actors
- Each partner had a seat at the table
- The partnership between individuals and their motivation surpassed any conflicts between their institutions.

The reader will also find the background to the statue in front of the main entrance of WHO headquarters. There are five others in the world.

Jean-Paul Menu

NEWS FROM WHO

Highlights of news from WHO

Governing Body Meetings

Seventy-fifth World Health Assembly, 22-28 May

WHA75 was the first in-person Health Assembly since the start of the Covid-19 pandemic; participants were requested to wear face masks and perform a daily rapid antigen self-test. The theme of the Assembly was “**Health for peace, Peace for health**”. In a world threatened by conflict, inequalities, a climate crisis and pandemic, WHO stressed the importance of building a healthy and peaceful planet by harnessing science, data, technology and innovation to achieve the health-related-targets of the Sustainable Development Goals (SDGs).



Events began with a high-level segment on 22 May with speeches from Mr Alain Berset – Federal Councillor, Switzerland; H.E Mokgweetsi Eric Keabetswe Masisi – President of Botswana; H.E Zoran Milanović – President of Croatia; H.E Luis Abinader Corona – President of the Dominican Republic; H.E Emmanuel Macron – President of France (virtual); H.E Uhuru Kenyatta – President of Kenya; H.E Sheikh Hasina Wazed – Prime Minister of Bangladesh (virtual); H.E Alfredo Enrique Borrero Vega – Vice-President of Ecuador; and H.E Antonio Guterres – UN Secretary-General (virtual). The

speeches were followed by an address by the Director-General – <https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-address-at-the-75th-world-health-assembly---22-may-2022> and the presentation of the DG’s Health Awards given to six individuals/groups for their outstanding contributions to global health – the names can be found through the following link - <https://www.who.int/news/item/22-05-2022-who-director-general-announces-global-health-leaders-awards>.

Also in the afternoon of 22 May, the Swiss Confederation unveiled its most recent art donation to WHO – a sculpture entitled “Bearing fruit” in the restaurant of the new B Building of the HQ campus.

The 75th World Health Assembly was presided by H.E. Ahmed Robleh Abdilleh, Minister of Health of Djibouti.

The Assembly began its discussions on 23 May, and Dr Tedros provided his report to Member States – <https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-address-at-the-75th-world-health-assembly---23-may-2022>.

The Assembly re-elected Dr Tedros Adhanom Ghebreyesus for a second five-year term as Director-General.

As usual, the Assembly passed many resolutions, including a record number relating to noncommunicable diseases, such as cancers, diabetes, heart and lung diseases, mental health, and their risk factors; and took many decisions, including on:

- Preparing cities and urban centres for emergencies

- Improving the quality, efficiency and capacity of clinical trials
- Support to people living with noncommunicable diseases in humanitarian emergencies
- Prevention and management of obesity
- Creation of a landmark global strategy on oral health – WHO will publish its first ever global report on oral health later in 2022
- Creation of first ever global targets for addressing diabetes
- Adoption of an updated WHO Global Strategy for Food Safety 2022–2030
- Agreement on a new intersectoral global action plan on epilepsy and other neurological disorders (including stroke, migraine, dementia and meningitis)
- Agreement on an action plan (2022–2030) to effectively implement the Global strategy to reduce the harmful use of alcohol as a public health priority
- Supporting health and care workers – adoption of a Working for Health Action Plan 2022–2030
- Amendment of the International Health Regulations (IHR) to reduce the time of entry into force of any future amendments from 24 to 12 months
- Standardization of medical devices nomenclature
- Approval of a Global Strategy on Infection Prevention and Control
- Appreciation of new Global Health Sector Strategies for HIV, viral hepatitis and sexually transmitted infections for the period 2022–2030
- The DG renewed the mandate of the Independent Oversight and Advisory Committee (IOAC) for the WHO Emergencies Programme for two years – it was created in 2016 to provide oversight and monitoring of the development and performance of the WHO Emergencies Programme, and to guide the Programme’s activities.
- Delegates welcomed the final report of the Working Group on strengthening WHO preparedness and response to health emergencies which, among other things, proposed a process for taking forward potential amendments to the IHR (2005). They agreed to continue the group, with a revised mandate and name (the “Working Group on IHR amendments” (WGIHR)) to work exclusively on consideration of proposed IHR amendments. Member States also requested the DG to convene an IHR Review Committee to make technical recommendations on the proposed amendments that may be submitted.
- In a vote (with 88 yes, 12 no, 53 abstentions), approval of a resolution on the “Health emergency in Ukraine and refugee receiving and hosting countries, stemming from the Russian Federation’s aggression.”
- Requested that the DG consult with Member States and Observers on proposed ways forward for the implementation of WHO’s report on a new WHO Global Health for Peace Initiative. The Initiative aims to build on and develop new partnerships that drive forward the triple billion goals in conflict and/or fragile areas.
- Agreement to extend the current Global Programme of Work to 2025, to help WHO support countries’ efforts to address disruptions to health services linked to the Covid-19 pandemic and renew efforts to achieve the triple billion and Sustainable Development Goal targets
- A landmark decision to improve WHO’s financing model, adopting in full the recommendations of a Sustainable Financing Working Group made up of WHO’s Member States. The recommendations aim to make WHO’s funding more predictable and flexible, and less dependent on voluntary contributions. Amongst the recommendations is a request to the Secretariat to develop budget proposals for an increase in assessed contributions to 50% of WHO’s core budget by 2030. In the last budget cycle, assessed contributions made up only 16% of the approved Programme Budget. Other recommendations include that the Secretariat explore the feasibility of a replenishment mechanism to further broaden WHO’s financing base, and the establishment of a Member States task group on strengthening WHO budgetary, programmatic and financing governance to analyse challenges in governance for transparency, efficiency, accountability and compliance.

- Approval of a revised Programme Budget for the 2022–2023 biennium to reflect the world’s rapidly changing health situation due to the Covid-19 pandemic, amongst other issues. The total estimated budget increase for the biennium 2022–2023 is USD 604.4 million (a 13% increase over the earlier budget presented), bringing the total budget to USD 4.968 billion.

As usual, awards for outstanding contributions to public health were presented. Details of the winners of the prizes can be found through the following link – <https://www.who.int/news/item/27-05-2022-awards-for-outstanding-contributions-to-public-health-presented-during-the-seventy-fifth-world-health-assembly>.

151st session of the Executive Board, 30 May

In his opening remarks, <https://www.who.int/director-general/speeches/detail/director-general-s-opening-remarks-at-the-151st-session-of-the-executive-board>, Dr Tedros welcomed Dr Kerstin Vesna Petrič (Slovenia), Chair of the Executive Board and confirmed that he was looking forward to working together over the next year to make the work of the Executive Board even more effective. He also welcomed the new members of the Board: Brazil, Canada, China, Ethiopia, Maldives, the Federated States of Micronesia, Morocco, the Republic of Moldova, Senegal, Slovakia, the United States of America, and Yemen.

Selected items of other news

- On 16 February, **Oman’s central public health laboratories were designated a WHO collaborating centre** for emerging and re-emerging infectious diseases, following years of cooperation between the laboratories and WHO.
- On 24 February, at the time of the Covid-19 Global Research and Innovation Forum, an updated report was issued on **Covid-19 Research and Innovation – Powering the World’s Pandemic Response Now and in the Future**. The report details successes and also priority research tasks and lessons learned which are critical in the next phase of the pandemic as the world strives to move to “endemic” status.
- On 1 March, following the release of the latest climate report **Climate Change 2022: Impacts, Adaptation & Vulnerability** by the Intergovernmental Panel on Climate Change, <https://www.ipcc.ch/>, the Director-General warned again about the dire consequences of climate change.
- Also on 1 March, **Germany** became the first country to **pledge to meet its “fair share”** of the ACT-Accelerator’s 2021/22 budget, with a generous contribution of USD 1.22 billion towards work on access to Covid-19 treatments, tests, vaccines and personal protective equipment.
- On the same day, the heads of the International Monetary Fund, World Bank Group, WHO and the World Trade Organization, held high-level consultations with UNICEF, the Gavi Alliance, the **Global Lead Coordinator for the Covid-19 Vaccine Country Readiness and Delivery** and the CEOs of leading vaccine manufacturers aimed at ensuring the rapid delivery of vaccines to where they are most needed.
- On 2 March, the Global Leaders Group on Antimicrobial Resistance called for **global action to reduce antimicrobial pollution** recognizing this as critical to combating rising levels of drug resistance and protecting the environment. https://www.amrleaders.org/#tab=tab_1,



- Also on 2 March, WHO issued a scientific brief to highlight the **25% increase in the global prevalence of anxiety and depression due to the Covid-19 pandemic**.
- To mark **World Hearing Day** on 3 March, WHO released a new **international standard for safe listening at venues and events**, https://www.who.int/health-topics/hearing-loss#tab=tab_1. The standard applies to places and activities where amplified music is played.
- On 16 March, WHO announced the **Film Festival shortlist and jury**, including Sharon Stone (actress from the USA), Emilia Clarke (actress from the UK), Mia Maestro (actress from Argentina), Anita Abada (producer from Nigeria), Eddie Ndopu (UN SDGs advocate from South Africa) and Eckart von Hirschhausen (TV presenter from Germany). The results of the film festival held on 13 May can be found through the following link – seven winning short films and six special mentions from the jury highlight strong health stories illustrating global health issues – **WHO announces winners at the Awards ceremony of the 3rd Health for All Film Festival (HAFF)**, [https://www.who.int/news/item/13-05-2022-who-announces-winners-at-the-awards-ceremony-of-the-3rd-health-for-all-film-festival-\(haff\)](https://www.who.int/news/item/13-05-2022-who-announces-winners-at-the-awards-ceremony-of-the-3rd-health-for-all-film-festival-(haff)).
- On 18 March, UNEP joined with FAO, WHO and the World Organisation for Animal Health (OIE) as the fourth member of the alliance to implement a **One Health approach towards a coordinated strategy on human, animal and ecosystem health**. A Memorandum of Understanding was signed on 29 April.
- **Polio vaccination campaigns** have been launched, with the first phase in March targeting 9.4 million children in Malawi, Mozambique, Tanzania and Zambia.
- On the occasion of **World TB Day** on 24 March, WHO called for increased investments into TB services and research.
- On 30 March, a new **WHO country office was opened in Doha, Qatar**.
- On the same day, WHO issued a **Strategic Preparedness, Readiness and Response** plan for 2022 which sets out key strategic adjustments that, if implemented rapidly and consistently at

national, regional, and global levels, will enable the world to end the acute phase of the Covid-19 pandemic.

- On 1 April, **WHO, Qatar and FIFA leaders** agreed on actions **to promote health at the FIFA World Cup** to be held in Qatar from 21 November to 18 December 2022. On 14 April, the UN General Assembly passed a resolution welcoming this first football championship to be held in the Middle East. The resolution also expresses support for the launch of the **“Healthy 2022 World Cup – Creating Legacy for Sport and Health”** – a multi-year collaboration among the three partners.



- Under the theme for **World Health Day 2022**, on 7 April, **“Our planet, our health”**, WHO focused global attention on urgent actions needed to keep humans and the planet healthy and foster a movement to create societies focused on well-being. <https://www.who.int/campaigns/world-health-day/2022>. WHO estimates that more than 13 million deaths around the world each year are due to avoidable environmental causes. This includes the climate crisis which is the single biggest health threat facing humanity. In the lead-up to the day, WHO released an update of its air quality database. Billions of people still breathe unhealthy air. A record number of over 6000 cities in 117 countries now monitor air quality.



- On 19 April, the Director-General travelled to India for the ground-breaking ceremony of the **WHO Global Centre for Traditional Medicine**. The DG also travelled with Regional Director SEARO to inaugurate the new WHO office in Nepal.
- On 25 April, WHO launched a new report, <https://www.who.int/publications/i/item/9789240048355>, of findings from the **Integrated Care for Older People (ICOPE)**, <https://www.who.int/teams/maternal-newborn-child-adolescent-health-and-ageing/ageing-and-health/integrated-care-for-older-people-icope> implementation pilot programme. The programme has three phases and the report focuses on the first “ready” phase.



- On 27 April, a new UN Decade of Healthy Ageing initiative was announced seeking to name and honour 50 leaders who are working to transform the world to be a better place in which to grow older. Nominations are open for the **Healthy Ageing 50**: an initiative supported by WHO, the UN Department of Economic and Social Affairs (UNDESA), and the World Economic Forum, <https://www.decadeofhealthyageing.org/topics-initiatives/other-initiatives/healthy-ageing-50>.



- Ahead of **World Malaria Day** on 25 April, WHO announced that more than **1 million children in Ghana, Kenya and Malawi** had received one or more doses of the world’s first malaria vaccine, thanks to a pilot programme coordinated by WHO. The RTS,S/AS01 (RTS,S) vaccine has been shown to be safe and feasible to deliver and to substantially reduce deadly severe malaria.
- On 3 May, the **WHO European Regional Obesity Report 2022** was launched: two-thirds of adults in the WHO European Region and one in three school-aged children in the Region, are overweight or obese.
- On 10 May, the **Global Report on Ageism in the Americas** was launched by PAHO/AMRO, aiming to further engage the Americas in the fight against ageism.
- On 16 May, WHO launched the first **Global Report on Assistive Technology**. It presents evidence on the global need for and access to assistive products and related services which are required by, inter alia, older people, those with disability, mental health conditions and those affected by humanitarian crises.



- Regarding **support to Ukraine**, more WHO staff have been sent to expand the team already on the ground; WHO and partners have been calling for immediate cessation of attacks on health care facilities; **WHO has been shipping life-saving medical supplies, ambulances**, and, with PEPFAR and other partners, has helped to avert a crisis in the shortage of antiretroviral drugs for people living with HIV. The Director-General paid a visit to Kyiv on 7 May and met with the Minister of Health, the Prime Minister and the First Deputy Foreign Minister of Ukraine.

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

Sue Block Tyrrell

FINANCING THE FUTURE OF WHO

Article in *The Lancet*

Members of AFSM will recall only too well that the regular budget of WHO has been underfunded for decades, so it is heartening when independent individuals speak out on behalf of WHO, especially in the prestigious journal *The Lancet*. The full article can be consulted at, [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(22\)00533-5/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)00533-5/fulltext)

Background

None of the co-authors of *The Lancet* article are WHO staff members, however all of them have interacted closely with WHO for varying periods of time and, in an individual capacity, have been concerned about the ways and means of mobilizing funds to ensure that WHO can effectively continue to lead as the world's principal health agency. The co-authors come from different geographical areas and backgrounds but they all share the same conviction. It is a collective voice that is reflected in this article. Each one of the authors made a contribution to the completion of the text, based on the original concept initially conceived by Lawrence Gostin and Kevin Klock and it went through a period of gestation for a collective view to be finalized.

Abstract of *The Lancet* article

WHO's resources have consistently lagged behind its constitutional mandate. There is a deep misalignment between what governments and the public expect WHO to do and what the Organization is resourced to do. WHO is challenged by low levels of political will to increase its financing, strained government treasuries, and a battle over control of priorities. WHO's Executive Board has charged the Working Group on Sustainable Financing with identifying a viable plan for sustainable financing before the World Health Assembly in May. There is no time to lose. WHO's resourcing strategy must match its mission with assured financial support from member states buttressed by proven, innovative financing methods. By defining its priorities, delivering on them, and being transparent and accountable, WHO can more boldly pursue its public health mission. **(The EB plan was adopted by the WHA, see page 9)**

Lawrence O. Gostin^{1&2} Kevin A. Klock^{2&3} Helen Clark⁴ Fatimatou Zahra Diop⁵ Dayanath Jayasuriya⁶ Jemilah Mahmood⁷ Attiya Waris⁸

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⁵ Fondation Afrivac, Dakar, Senegal.

⁶ International Advisory Council, The Round Table, Colombo, Sri Lanka.

⁷ Sunway Centre for Planetary Health, Sunway University, Selangor, Malaysia.

⁸ University of Nairobi School of Law, Nairobi, Kenya.



ANECDOTES FROM THE ANNEXES

More tales of the unexpected from the WHO annexes

In the first two parts of Anecdotes from the Annexes, published in the January and April issues (*QNT 126* and *QNT 127*) we invited our readers to send in their stories about life (or rather work) in the various WHO annexes, to be published anonymously. Many more of you have responded to our request.

The X Annex

This annex was shared between Family Health (FHE) and Human Reproduction (HRP). Former FHE staff contributed the first three stories, the remaining anecdotes presented here were contributed by former staff of HRP.

The Division of Family Health (FHE) was housed in the X annex, and it was in this division that Dr Angel Petros-Barvazian was nominated, first to head up the Maternal and Child Health department, and later to become Director of the entire division, **the first female Director in WHO.**

It was in the X annex that the ground-breaking **International Code of Marketing of Breastmilk Substitutes** was established and shaped by FHE after Dr Manuel Carballo, working for FHE, undertook the first – and to this day, still the most comprehensive – international study of infant and young child feeding patterns and the factors affecting them. The study attracted international attention and Senator Edward Kennedy, then chairman of the US Senate Sub-Committee on Health and Scientific Research decided to hold Hearings in May 1978 on the advertising, marketing, promotion and use of infant formula in developing countries. Manuel Carballo was asked by Senator Kennedy to be a key witness and report on the study, which he did. After the Hearings, Kennedy requested Dr Halfdan Mahler, then Director-General of WHO to convene an international meeting on the subject. In October 1979 FHE organized one of the largest inter-sectoral meetings WHO had ever held, which included governments, UN agencies, industry, international professional societies, and NGOs. This meeting reinforced the concept of a Code of Marketing of Breastmilk Substitutes, which FHE produced jointly with UNICEF and which, a year later, the WHA approved with one negative vote (USA).

As an FHE consultant I recall walking up and down the corridors in the X annex looking for an empty office (office-holder on travel) and coming across an office at the far end of the upstairs corridor, whose door I had noticed was always closed. I opened it and saw that it was indeed unoccupied, with nice white walls and a large wooden desk and a huge telephone console. So, I parked myself there and closed the door. Then, three days later an FHE administrator came to tell me in a very agitated manner that I should vacate it urgently because it was the “*architect’s office*”. I apologised and asked her what time the architect was coming. “*Oh, he’s not coming*” was the reply. “*Why not*” I asked. “*Oh, there isn’t an architect*” she said. Bewildered I suggested that maybe I could sit there until they did get one. “*Oh, we’re not getting one*” she answered “*the building he was responsible for is now not going to be built*”. She then rushed off and came back a few moments later with a building plan, which she unrolled on the desk, and pointed to the office marked “*architect*”, and again insisted that I vacate. Given that there was nowhere else to go, I refused and she left, obviously disappointed at my reasoning. A few days later the door opened and in came Sam Harrington, the head of maintenance, with his habitual button-down shirt, beautiful bow tie, and tweed jacket, along with three burly maintenance men who promptly rolled my chair – with me still on it – away from the wooden desk and replaced it with a utility-style desk, taped-up the telephone console, and replaced it with a simple phone, rolled me back to the new desk and left. I stayed there for the rest of my career with FHE and had a delightful relationship with all those concerned.

One of my favourite gatherings was getting together to watch an eclipse of the Sun through our special glasses. An innocent visitor, who was on his way to the main building for an important meeting, was enticed into X.10 and in no time found himself helped out of the window to partake in the picnic.

If beer or wine was served it was always out of core hours but for a newly-recruited American Team Leader it was certainly against his principles to drink alcohol in the office. During one birthday party he blithely announced that, "*The first time I do it, it is going to be with ...*" (a well-known party organizer). He could not understand why we all erupted with laughter – bless him.

Our Supplies Officer was someone who always had a joke to tell us and took great photos. One day he collapsed in the office and the Director's secretary, who was always on duty through lunchtime, rushed along the corridor looking for help. There was no-one around except one Medical Officer who said "*don't ask me what to do, I am an obstetrician and gynaecologist*". No wonder it was called X building ...

I left WHO to move back to the States to work for USAID. At my leaving party t-shirts had been made with my photo on them and my ears were sticking out. But the funniest moment was when a female colleague declared that "*I had got her pregnant!*" What really happened was that she came to me one day saying that she understood that I knew all about fertility and infertility and that she and her husband were having difficulty conceiving and could I advise her. We had Sympto-Thermal Method (STM) Charts for clinical trials of the STM. I gave her a chart and a basal body temperature thermometer (BBT) and I told her how she could take the measurements and record them herself for two cycles and come back to me with her charts. When I examined her charts, I advised her when she and her husband would be most likely to conceive. In about 6 weeks or so she came back to give me a kiss as she was pregnant.

One can imagine my excitement when I was asked by Etienne, a distinguished French professor visiting HRP, to place telephone calls to a legendary Italian actress. She was better known by certain senior staff as an accomplished cook and washer-upper! How did that happen? It was on a day that Alex and Tabitha had invited Etienne to dinner at their place. Just before he was due to arrive, Etienne telephoned to ask whether he could bring a friend who lived in Geneva. Of course, says Tabitha through gritted teeth. Imagine their stupor when the friend turned out to be Miss Sophia Loren! Alex was looking forward to chatting about acting and the arts but Etienne cornered the conversation with RU 486 so Tabitha took Sophia off to the kitchen to cook and wash up. Etienne was travelling to China as a consultant, and was hoping that HRP might help to arrange for Sophia to go too, but it was in the days when the Chinese Government would not even allow in spouses of consultants, and as for mistresses!

On duty travel in the US, I clipped my heel on a high curb stone. I was found to have an inverse fracture of my right fibula and was put in an ankle to knee cast. Back at WHO, I was at my desk with my injured leg raised and resting on the desk top when the Director came in to my office. He was surprised to see me in this state but sympathised with my situation because he was suffering from a back injury and could only get relief from the pain by lying horizontal. He proceeded to clear a space on my desk, climbed onto it and stretched out in a classical Roman banquet position while we continued our discussion. This was interrupted by an anxious staff member who had been looking for the Director. She was accompanied by a senior government official who had turned up unexpectedly to see him. I can still see the shocked and bemused expression on the face of the visitor when he was confronted with this spectacle. Of course, he laughed when we explained the reason for this strange montage and I suspect we were the subject of after dinner conversations for some time after he had returned home.

I arrived in the X Annex from another department in the early 1970s. At that time, the HRP occupied less than half of the corridor upstairs in the Annex. We were a fledgling programme of about 20 people, the few P5s already there mostly had their own offices although I shared the office with three professionals who had decided they needed secretarial help, which was what I was recruited for. The secretaries in WHO all had state-of-the-art golf ball typewriters which were actually quite noisy and my office colleagues used to complain about the racket I made.

As time went on and the number of staff in HRP increased, we began to socialise and have parties for people leaving, not to mention Christmas parties. The two conference rooms downstairs were ideal for that, and sometimes required both rooms to be reserved at the same time. These turned into quite professional occasions sometimes with fancy dress themes introduced for the Christmas parties and many of the staff producing wondrous edibles from their own countries.

Other departments were housed in the X Annex too but, over the years, most were subsequently moved out as our department was gradually enlarged and needed more office space. I remember the heat in the Annex was killing in the summer on the lawn side, which had the sun the entire afternoon. We used to wind down the blinds in the morning, shut all the windows, put the fans on and the lights on, get to work and sweat it out. The first director used to wear shorts to work, which was unheard of in those times. Many of us still smoked when I joined, initially we were allowed to smoke in our offices and later, when it was banned, we used to huddle outside the door leading down the slope to the underground garage. Gradually, as people left or stopped smoking, our numbers were sorely depleted and there were also complaints about us being too visible and not a good example of the health values of the Organization.

I have many happy memories of those years, the warmth and fun, friendship and assistance we all found there. I was not alone in choosing to stay for so long. Up to my retirement in fact.

I arrived directly after my twenty first birthday and had never lived away from home. After three days in Personnel, I was interviewed by HRP and began my WHO career the following week with them. I had no idea that the colleagues in HRP were so special as I'd had no comparison.

I remember climbing out of one of the ground-floor windows at lunchtime in the height of summer to picnic and sunbathe on the grass, in full view of the whole Organization (including the DG's Office)? I have a feeling we were requested to refrain after a while!

I also recall while taking shorthand from my boss that the consultant with us at the time and sitting with his back to the window complained about the heat (we were on the sunny side). My boss tried to open the window and the whole pane of glass began to fall inwards – the consultant had no idea why we all leapt towards him in panic mode. It could have been a disaster but the three of us managed to replace the window into its frame and called maintenance!

I remember the cold on Mondays in the Winter and dressing accordingly on days one and two and gradually removing layers for the remainder of the week. The Summer was oh so hot. It was a relief to run an errand to the main building and the air conditioning.

There was a marvellous atmosphere and we seemed to be the envy of many of the staff in the main building. Great memories.

On the Bangkok Team was Dr Rick Grossman. He was a brilliant colleague and was an accomplished concert pianist who went to medical school. Since he loved playing, and in order to get piano time in Bangkok, he took an evening job at the Bangkok Hilton, playing piano in the bar for a couple of hours every evening. He recounted that people would come up to him and ask what he was doing in Bangkok. His reply was, I am a doctor with WHO and we are doing research here. The typical reply to that was, "*come on, what are you really doing here?*" He repeated the story, and they still didn't believe him. So, he started answering "*I work for the CIA and I like to play piano at night.*" To this, they would say "*come on, what do you really do?*" And he replied that he was really a doctor working for WHO, and now it was believable.

Compiled from contributions by many former WHO staff

A request to our readers, we will have more X Annex stories in the next issue, but would love to receive your anecdotes from any of the annexes, all will be published anonymously, unless otherwise requested.

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

READERS' RECIPES

Shrimp and Pomelo Salad with Coconut and Lime dressing (serves 4)

Ingredients for the dressing

4 tablespoons unsweetened coconut milk or coconut cream
 4 tablespoons fresh lime juice (or more)
 1 finely chopped shallot
 1 or 2 cloves of finely chopped garlic
 1 sprig of lemon-grass, finely chopped
 (Keep the hard outer leaves of the lemon-grass for cooking the shrimps)
 2 teaspoons (or more) coconut palm sugar (or brown sugar)
 1 tablespoon of fish sauce, or more to taste
 1/8 teaspoon (or more) ground chili (or other chili pepper)
 1 tablespoon grape seed oil (or any other salad oil, but not olive oil)

Ingredients for the salad

300 gr peeled shrimps (size 20/30), cooked for 3 minutes in boiling water with the lemon-grass leaves
 1 teaspoon of oil (optional)
 1 pomelo or 2 grapefruits, peeled, seedless, and divided into large pieces by hand.
 1 lettuce heart
 2 carrots (optional) cut into filaments
 1/3 cup chopped mint leaves

1 fresh chili or ½ teaspoon dried chilis
 1/4 cup unsalted roasted peanuts, coarsely crushed

To make the dressing

Whisk together the warm coconut milk, lime juice, shallot, garlic, sugar, fish sauce, crushed chili. It should be slightly salty with a touch of acidity from the lime. Add the chopped lemon-grass bulb and oil. Taste and adjust the seasoning to achieve a balance of saltiness, acidity, spiciness and sweetness.

Serving suggestion



Mix the pomelo and carrots, whisk the dressing, pour it over the salad and toss. Place the lettuce leaves on a plate, in a bowl,

or half a pomelo rind and add the pomelo pieces. Chill for 30 to 60 minutes.

Garnish with the cooked shrimp, chopped mint leaves and crushed roasted peanuts. Serve with a well-chilled Chang beer, not wine.

Phuong Liên Marie Madeleine Nguyen - Le Minh
 (WHO staff member)

NEW MEMBERS

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

New Life Members

Paolo Cappuccini
 Anil Kumar Kaza

Conversion to Life members

William Beeman
 Bernadette de Lafontaine
 Anne Sikanda

New Annual Members

Boniface Biboussi
 Sihem Landoulsi
 Jane S Saville

NEWS FROM FORMER WHO STAFF MEMBERS' GROUPS AROUND THE WORLD**News from around the world****Meeting of the Global Council of Associations of Former WHO Staff Members around the world, 8 March 2022**

This was the third occasion since March 2021 that the Associations of Former WHO Staff Members had formally come together for a Zoom meeting. At the first meeting on 2 March 2021, they had decided to constitute themselves as a Global Council of AFSMs. The main role of this Council is to improve coordination between the associations in solving problems affecting retirees and thus provide them with better services wherever they are in the world. It is chaired by rotation between associations and has no secretariat.

The meeting was superbly organized by the new and very dynamic Association of Former WHO Staff Members of the Eastern Mediterranean Region (AFSM-EMR). Hanaa Ghoneim's article (*see the next article, on the following page*) describes the organization of the meeting and emphasizes the importance given to it by the Regional Director, Dr Al-Mandhari, who opened the meeting in person.

Over the past six months, the regional AFSMs have made solid progress in their relations with the WHO regional administrations. The strengthening of these relations was particularly noted in the area of Human Resources where focal points have been established for contacts with associations. New opportunities for short-term assignments for staff mentoring are offered to former staff members.

All associations have declared their readiness to help trace retirees who have not returned their 2021 Certificates of Entitlement to the Pension Fund. This exercise was carried out during April and May, in collaboration with headquarters staff and those responsible for pensions in the Regional Offices, Human Resources staff and sometimes with the assistance of country offices.

A presentation by Ann Van Hulle-Colbert on our Staff Health Insurance summarized the main elements of its operations. Several misunderstandings were clarified, in particular on the representation of retirees on management committees. These representatives are elected by all retirees around the world and the associations are not represented as such.

The associations are willing to contribute to the work of the United Nations Decade for Healthy Ageing and it has been decided that a webinar open to all their members will be organized.

Among the priority subjects, the associations underlined that it was necessary to continue to insist on better recognition of their role by the higher management of WHO at the regional level. We will continue to pursue our efforts thanks to the privileged relationship we have with the Director-General and his management team.

The next meeting, scheduled for September, will be hosted by the Association of Former WHO Staff Members in the African Region.

Jean-Paul Menu and Sue Block Tyrrell

Regional reports

AFSM-EMRO: A Top-Notch Accomplishment: The year 2021 saw the building of the AFSM/EMR pyramid, and we are proud to announce that hosting the Global Council AFSM meeting on 8 March 2022 was the *Top-Notch accomplishment* of our Association.

AFSM/EMR, although one of the two most recently created Associations, we were ready to organize and host the 3rd Executive Committee and the 2nd Global Council of AFSMs, learning from the experience of the longer-established AFSMs.

The crowning accomplishment was the recognition by Dr Ahmed Al-Mandhari, the Regional Director that the retirees should receive full rights. This was demonstrated by the support and arrangements provided to the meeting. Equivalent to that of important meetings such as the Regional Committee, the main Conference Hall “Kuwait Conference Room” was prepared with all the flags of the countries of the Region. Colleagues from the IT Unit were present, providing all facilities and requirements of the AFSM organizing team.



Dr Al-Mandhari addressing the 3rd Executive Committee and the 2nd Global Council of AFSMs meeting, during the opening session, to his left Dr Bassiri.

Dr Al-Mandhari personally addressed the meeting during the opening session. He expressed his satisfaction that the plan to create an AFSM/EMR, proposed by the Coordinator one year ago had been accomplished to the satisfaction of the Association. He added that he was personally following the developments and achievement, and that Dr S. Bassiri, Director Business Administration (BOS) was keeping him fully informed.

The RD also expressed his belief that those who served the Organization are part of, and will continue to be part of WHO. He underlined that the success of the Organization is due to the wisdom of

all those who previously served and successfully passed on their experience to new staff.

To conclude, Dr Al Mandhari assured the meeting of his full commitment to the work and needs of the retirees and the Association.

Dr Bassiri, BOS, also expressed her pleasure to be among the participants. She emphasized that collectively “with the past and present wisdom combined we can move mountains”. She assured her continued support in helping the Association move forward successfully, participating efficiently in the global activities of AFSMs. She also mentioned the success of the monthly meetings with the Coordinator of the AFSM.

The agenda of the meeting included very important topics, e.g. SHI, collaboration with Management and Administration in HQ and the Regions, the UN Decade of Healthy Ageing and other important subjects that will be shared as soon as the report is finalized.

Hanaa Ghoneim



With the encouragement of colleagues, AFSM/EMR resumed their social activities after the long lock-down and other measures taken as a result of Covid-19. The first post-pandemic gathering was held in Alexandria on Wednesday, 18 May 2022. The pleasure of the participants is very clear to see. **Standing, from left:** Laila Korayem (cane in her hand), Hanaa Ghoneim, Shahira Allam (former staff not retiree), Tamy Rizk (former staff), Mona Abadir, Nawal El Borai (Senior retiree), Dalal Aly (former staff and Editing team of our newsletter). **Seated, from left:** Mohammad Selim, Zoheir Moustafa, Maha Gaama.

AFSM-PAHO/AMRO: The Newsletter of March 2022 has been published, an information-packed issue.

This Newsletter leads straight in with Carol Collado's *Staff Health Insurance and Pension Update*, which addresses the changes to SHI Rules, and goes on to appraise readers of the latest Covid-19 information. For our members living in the USA the subject of claim processing by Cigna, and Medicare reimbursement are essential reading. As for Pension, Carol mentions the US dollar track COLA increase of 8.6%. Digital CEs are also discussed, and given problems encountered AFSM-PAHO is unable to recommend it to its members.

Know your Pension Facts by Rolando Chacon refreshes the reader's understanding of the Pension Fund, how it works, and how retirees are represented. Good reading for all of us.

The Newsletter continues with an article celebrating the pending 100th birthday in El Salvador of former staffer *María Isabel Rodríguez* by Juan Manuel Sotelo.

Yvette Holder continues with the fourth, and as always highly entertaining, instalment of her series, *Musings of an Ageing Woman*.

Solo Ageing (Part 1). This first article by Sumedha Mona Khanna leads with the fact that for the first time in US history, the number of American singles outnumbers the number of couples. She argues that Solo does not equate to being alone and gives ample advice on staying connected.

Healthy Ageing Committee (HAC): News and Updates, by Gloria Coe, Yvette Holder, Mario Libel, Martha Peláez, Hernán Rosenberg, Juan Manuel Sotelo. As AFSM welcomed the Decade of Healthy Ageing in 2021, it created a committee to identify issues, trends, and resources that may be helpful to its members, as well as to observe and provide input to the work of PAHO/WHO for the Decade. The theme chosen by the Committee for 2022 is: *Ageing Well My Way*. During the year the Committee will be sponsoring three webinars on this theme.

Lifestyles. This article being a summary of Helena Restrepo's presentation on this subject during the AFSM 2021 General Meeting.

Gloria A. Coe follows with *Focus on the Active Ageing Index*. During 2010–2012, the United Nations Economic Commission for Europe (UNECE) created the Active Ageing Index (AAI), to provide reliable information to develop effective programs to respond to the increasing proportion of the ageing population. Gloria analyses the progress over the past decade, and poses the question, what should be our focus as retirees and protagonists of equitable active ageing in the Decade of Healthy Ageing?

Where are they now? by Christian Darras, who retired from PAHO/WHO some 10 years ago, reflects on his medical career of nearly 40 years, and his continuing work in the health system of Belgium, his home country, where he has retired.

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

Keith Wynn

AFSM-SEARO: Greetings from AFSM-SEAR.

The usual AFSM activities of reaching out and helping retirees continued despite the difficulties, and additionally, we spent time following up on the cases facing suspension of pension benefits due to non-receipt of the annual Certificates of Entitlement by the Pension Fund. The challenge in following up with individuals was enormous often due to non-response of some retirees from their last-known phone and email contacts. In a few cases, we had to undertake physical reach-outs, which surmounted the challenge. However, we managed to do it and were able to help out.

The point to note, and which we re-emphasize, is the need for retirees to regularly update their current mailing address, phone number, as well as their email addresses. We also encourage our colleagues here to access their MSS web-pages, review it and update personal information as needed.

We wish to take this opportunity of recording and appreciating the initiative of establishing the Global Council of AFSMs. This has provided not only a forum for exchanging views but also a dashboard and/or market place to participate in providing inputs, discussions and solutions through learning from each other. Above all, this forum also provides a conduit to channel our views on practical issues to escalate up for solutions, as well as a bridge to collaborate with WHO Administrations at all levels.

Hopefully, we are making good progress in these areas.

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

Jill Conway-Fell †

As we finalize this issue, we have just learned of the death of Jill Conway-Fell on May 22 in Copenhagen. Jill was for decades the representative of the WHO and United Nations retirees in Scandinavia and other European countries. She was known, and highly-respected, for her energy in defending the interests of retirees. It is a great loss for us and for all who knew her. An obituary will appear in our October issue.

IN MEMORIAM

Recent deaths¹ of former WHO staff members as reported to AFSM

Abdel-Salam	Essam	05.03.2022	Juliao	Amandio	18.06.2021
Ayina-Akilotan	Jean-Pierre	10.12.2021	Kershbaumer	Rose	20.03.2022
Badarou	Daouda	31.01.2022	Khalil	Ahmed Gomaa	06.01.2022
Bahar	Rashed	07.02.2022	Krastev	Raiko	16.03.2021
Bara	E	31.10.2021	Leleu-Perrin	Renée Marie Paule	03.01.2022
Bhotlu	V V	03.03.2022	Linguele	Alphonse	11.02.2022
Borg	Emmanuel Joseph	02.09.2021	Lopez	Jorge Washington	05.08.2020
Borges De Barro	Carlos	08.02.2022	Machava	Floriano Macangui	14.07.2021
Boukaka	Boniface	25.12.2021	Marwah	Surinder Kumar	09.02.2022
Brolly	Elisabeth H	20.11.2021	Mettler	N	14.01.2022
Bunda	Maura	Unknown	Miege	Jacques A	10.01.2022
Casas Olascoaga	Raul	22.02.2022	Nacu	Luz M	29.01.2022
Chand	Karam	28.11.2021	Ntsakala	Simon	27.12.2021
Deukmedjian	Nevarte	09.02.2022	Orain	Henri L	15.01.2021
Djebideligian	Araxi Garabed	05.02.2022	Pant	Chandra P	15.12.1987
Dunne	John F	29.12.2021	Pievaroli	Liliana	06.02.2022
Ejler	Grete Kjeldgaard	Unknown	Pino	Irene B	11.11.2021
Espinoza	Cajina Jose O	04.02.2022	Prasertphon	Sothorn	14.03.2022
Esteve	Jacques	20.02.2022	Saluja	Inder Jit	18.02.2022
Fontana	Giorgio Antonio	Unknown	Samba	Jacques	19.04.2021
Galea	Joseph	23.01.2022	Sasan	Mohinder Lal	05.03.2022
Gavyole	Awene S A	16.05.2021	Shakoor	Abdul	14.10.2017
Gaye	Aminata	22.01.2022	Sud	Amar J	02.01.2022
Grotz	Jacques A.	24.03.2022	Twell	Jeanette Ann	Unknown
Gunasekar	Arunachalam	03.12.2021	Vijay Nath	Kyaw Win	07.02.2022
Hamon	Jacques	15.02.2022	Viputsiri	Ong-Arj	12.02.2022
Hampele	Nicola Jane	22.11.2021	Watson	Stuart N	14.02.2022
Hardjotanojo	Witjaksono	04.03.2022	Wiggins-Hansen	There	06.03.2022
Hausen	Ursula M	28.01.2022	Witt	Vicente M	28.04.2021
Henderson	Ralph H	18.03.2022	Woldearegay	Marcos Sahlu	01.02.2022
Houang	Lay	01.02.2022	Yovapue	Sathian	01.11.2021
Ibrahim	Gabriel	16.09.2021	Zampini	Oswaldo	22.01.2022
Jensen	Henning H	07.02.2022	Zelege	Bekele Teferi	31.01.2022

¹ The present notification of deaths was gratefully received from UNJSPF and covers Q1 2022. We have endeavoured to ensure that deaths already published have not been repeated in this list, however we apologize in advance if there are omissions or repeat entries. The editorial policy is to publish, once only, the names on the list of death notices we receive, and this regardless of whether an obituary has already been published; appears in the current issue; or will appear in a future issue.

The deaths were also announced of the survivors of former staff members: Azcuy, Carmen; Bhatia, Bimla; Braga, Lucy; Chudnovsky, Jorge; De Orozco, Blanca Salzar; Early, Richard Allen; Ganimian, Bernadette; Htwe, Khin Khin; Kaldas, Despina; Lundgren, Stina; Martin, Solange; Martineaud, Madeleine; Mol-Dubois, Anne Marie Geraldine; Mwambazi, Norma Sialumba; Ndwo-Diambur, Eugenie; Ochrymowicz, Lina; Pedersen, Jens; Pleic, Genevieve Marie; Pradhan, Krishneswari; Reed, Elisabeth Margaret; Sandoval, Anna Gloria; Satkunanathan, Parameswari; Saxena, Dharam Veer; Sor, Josefina; Tinker, Florence; Urra Ladron De, Guevara Ruth H.

Jacques Hamon, born 1 January 1926 in Paris, France, died 16 February 2022 in Annemasse, France



A great man has gone. Jacques Hamon, former Assistant Director-General of WHO passed away in February, aged 96.

Jacques was born in Paris. At the Lycée St. Louis, Paris, he followed the preparatory cursus to enter the *Institut National Agronomique*, (INA) and

was the only student to pass the entrance examination. He studied at the INA from 1945 to 1947, then at the *Ecole Supérieure Appliquée d'Agriculture Tropicale* from 1947 to 1948. He completed his training in medical entomology at the IRSC (which would become ORSTOM and then Institute of Research for Development) where he began a brilliant career that would lead him to the rank of Inspector General of Research in 1964.

He was recruited by WHO in September 1971 as a medical entomologist in the Vector Biology and Control (VBC) Unit at WHO Headquarters. At the request of the Director-General of WHO, Jacques went to Ouagadougou in 1972 with full powers to take over an ongoing feasibility study for a campaign to control onchocerciasis. Thanks to his

exceptional qualities as an organizer and his great capacity for work, he succeeded in gathering all the data available in the countries concerned by the project in a few months which he then used to draw up a detailed plan of action and budget for a period of 20 years. On the basis of this plan, the World Bank, Donor Agencies and Countries pledged to finance the Onchocerciasis Control Programme in West Africa (OCP) which was successfully implemented for 27 years under the aegis of the WHO.

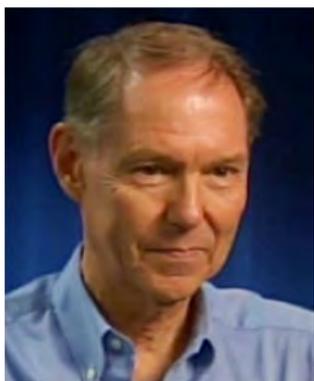
Back in Geneva, Jacques was first appointed Chief, later Director, of VBC. In May 1981, he was appointed Assistant Director-General of WHO and Chairman of the Headquarters Programme Committee (HPC). He was also responsible for the technical component of the WHO Annual Report. He retired from WHO in December 1985 and devoted considerable time to Energy and Climate issues with numerous reports and publications on these subjects.

Jacques was laid to rest in the cemetery of Leucate on February 25, 2022 next to his wife and daughter who predeceased him. Our thoughts and deepest sympathy are with his family.

Marc Karam

See also tributes to Jacques Hamon prepared by Wendy Gray, and Rosemary Villars in the Readers' Letters section on page 26 and the book review of the onchocerciasis campaign on page 6.

Ralph H. "Rafe" Henderson, born 5 March 1937 in New York, USA, died 18 March 2022 in Atlanta, USA



Rafe Henderson passed away in Atlanta. Rafe was one of the original smallpox workers, assigned to the CDC regional office in Lagos, Nigeria, in 1966. Rafe was an accomplished scientist, but also a diplomat, a necessary skill in those early days of serving 20

countries in West and Central Africa. He pioneered assessment techniques in Nigeria and as both a French and English speaker, he was in great demand in all 20 countries.

He went on to WHO headquarters in Geneva, to develop the Expanded Programme on Immunization (EPI), building on the lessons of smallpox to extend basic immunizations to children of the world. In a whirlwind of activity, his team established standards for the various vaccines, standards for field activities, provided field assistance to countries and initiated a host of research activities to improve delivery programs.

He became a driving force with the Task Force for Child Survival, increasing immunization levels so rapidly that UNICEF announced in September 1990, that 80% of children in the world had now received at least one dose of a vaccine. He became indispensable to Halfdan Mahler, then Director-General of WHO, not only for immunizations, but also as a consultant on a host of public health problems.

Over his many years of practising global health, his wife Ilze accompanied him on almost every field trip, working both as an assistant and as a scribe, or rapporteur, keeping a daily journal to document their activities. He became Assistant Director-General of WHO and wrote a book, *"Immunizing the Children of the World."* Over the past 35 years, millions of children owe their lives to the work Rafe and Ilze did in developing immunization systems. Will Durant once stated that immortality results from the absorption of one's soul in deathless acts. Rafe has achieved immortality.

Dr Bill Foege (Former Director, Centers for Disease Control and Prevention, CDC)

Ralph Henderson

We worked with Dr Ralph Henderson when he was Assistant Director-General for Communicable Diseases at WHO. Very popular among the staff, he was admired by all for his professional qualities, his enormous capacity for work, his natural charisma, his talents as a diplomat and his immense availability for everyone.

We have wonderful memories of our lunches by the lake, at which Ilze, his very dear wife, always joined us. Rafe was more than a manager for us, he was an adviser and a friend. This precious friendship that bound us has never died out thanks to all our exchanges of correspondence.

"Dear Rafe, we will think of you when looking at the sky and the stars you loved so much."

Christiane Gaberell and Carol Brusson

The Organization sent its condolences to the WHO family upon the loss of Dr Ralph Henderson, and the full text can be found on page 33 of the digital edition of this Newsletter.

There is a video clip on YouTube of a CDC interview with Dr Ralph Henderson circa 2016 at <https://www.youtube.com/watch?v=ykAxcLpfPaQ>

Ernst Lauridsen, born 1937 in Denmark, died 3 April 2022 in Copenhagen, Denmark



Dr Ernst Lauridsen, Director, from 1982 to 1988, of the WHO Action Programme on Essential Drugs (DAP), Geneva, has passed away in Copenhagen, aged 84.

Ernst studied medicine in Denmark, with specialization in surgery and international public

health. Before his recruitment to WHO, he was Medical Adviser to Danida. In 1982, Dr Halfdan Mahler, the legendary Danish WHO Director-General asked Ernst to lead the Action Programme on Essential Drugs/Medicines (DAP), established in 1981.

Ernst arrived at WHO in 1982, with a one-million-dollar grant/start-up from Danida. He had much country experience; he had a promise from Dr Mahler to report directly to him. Ernst's non-bureaucratic and modern leadership, coupled with great social conscience were impressive. The Programme had a leader, with knowledge, strategic skills, courage, and integrity.

The staff at the time of Ernst's arrival was three persons, including myself.

DAP became a large, enthusiastic, and committed group of around 60, representing various disciplines. The Programme expanded, despite resistance from the pharmaceutical industry. The 1984 stakeholder meeting in Nairobi, followed the tumultuous discussions at the 1984 WHA and became an important milestone; an action plan was agreed upon, and extrabudgetary promised funds came forth.

Ernst sent us out to the field as countries asked for support. We learnt by doing; he trusted us, had a great sense of humour, and shared his great experience in developing joint country programmes. Important guidelines were produced, and indicators developed for evaluating and measuring progress in access to essential medicines.

Ernst was a remarkable public health person, a fighter for what he considered was right, and who with his group had a "revolutionary" aspect to the work they wanted to achieve.

He is mourned by his wife Bente, and sons Mads and Rasmus, and by relatives.

Ernst will be sorely missed, by me and by former colleagues and friends around the world, and we offer our sincere condolences to Bente, Mads and Rasmus.

Margaretha Helling-Borda

Hari Ram Kakar, born September 1922, died 17 May 2022 in India

With deep sadness and grief, we report the passing away of Mr Hari Ram Kakar, so nearly reaching his centenary, formerly Director Administration and Finance, WHO/WPRO.

Kakarsahib (Babuji, as he was fondly known) was a tall doyen of the WHO family. He held various positions in WHO globally and was well-known; everyone benefited from his kind guidance and support. After his retirement from WPRO he took short assignments as acting Director in several Regions.

Most of us who worked with him recall his efficient, focussed and humane approach to work. A man of multiple brilliant abilities and character, he was a role-model for many of us.

Numerous encomiums arrived, heart-touching and all referring to his irreplaceable characteristics, the friend-philosopher and guide that he was!

He lived his life king-size and was in his elements till the last. Only recently a few former WHO colleagues had the opportunity of sharing with him many a WHO experience and recounting the good old times!

A memorial service and prayers were held on 29 May 2022 at Faridabad (near New Delhi), India.

Rest in peace Babuji, and watch over us with your benign smile as always, and from above from now onwards.

M.R. Kanaga Rajan

READERS' LETTERS

Jacques Hamon

Jacques Hamon joined WHO headquarters in 1971. I had the honour and privilege to work with him, from 1972 until his retirement at the end of 1985. Jacques Hamon was first and foremost a gentleman, with a sometimes-wicked sense of humour, a colleague who expected the best from all, and usually obtained the best. Those who did not meet his high standards were transferred or quite simply advised and assisted to find employment elsewhere.

I recall vividly my interview with Hamon back in 1972. I had recently joined the Organization and was applying for posts with a French-speaking boss. I trudged through the snow from the main building to Annex V, knocked on his door and was enthusiastically greeted by an impressive figure, perhaps a little eccentric, bringing to mind a cross between de Gaulle and Jacques Tati. He excitedly explained at length the ins and outs of a new project to control "*l'onchocercose*". Excuse me, but what IS "*l'onchocercose*"? I learned later, after being offered the post, that asking that question had clinched the deal. And so began a rewarding 14 years of strong collaboration. We worked our way through parasitic diseases to high politics. With a few bumps along the way, all discreetly and expertly surmounted.

I learned a great deal from Jacques Hamon, not only about tropical diseases but on the personal level, how to gain the confidence and respect of people from all parts of the globe and encourage them to give of their best as he had done all his long life. He treated everyone as equal. I was once asked what his politics were – he told me in no uncertain terms that I should simply reply "health for all".

We kept in touch until his death at the age of 96.

He will be remembered by all who were lucky enough to know him.

Wendy Gray

I worked with Jacques Hamon during the Preparatory Assistance Mission to Governments (PAG) to prepare a strategy for onchocerciasis control in the Volta River Basin Area, set up by WHO in association with FAO and UNDP.

Marc Bazin from the World Bank was sent to Ouagadougou during the PAG Mission to decide on the World Bank's possible involvement in the proposed Programme.

Later, when the Onchocerciasis Control Programme (OCP) was in its initial stages, at the request of Dr Candau, Marc Bazin was loaned to WHO to direct the Programme for a few years. At that time, while he was my Director, I asked him what clinched it for him regarding the Bank's involvement, and he simply replied: "*I met Hamon*".

Rosemary Villars

See also the obituary of Jacques Hamon in the In Memoriam section on page 23, and the book review of the onchocerciasis campaign on page 6.

Annex X

I enjoyed the anecdotes from Annex X (*Quarterly News 127* and on page 14 of this issue) what memories they brought back! Yes, Burt Reynolds, the massage parlour memo, Alex in shorts, tear gas and water cannons outside my office, and many more (lots unprintable!). I kept meaning to send you a contribution but here we are a few months down the track and memories have been sent in by my colleagues! HRP was the best place to work, we worked hard and played hard. I loved every day of my ten years there (1974–1984) and met my husband there. After we married, I moved to the Division of Mental Health (Drug Dependence and later Classification of Mental Disorders (ICD-10)) which gave Earle his punch line in his talks on WHO when we retired here in 1993 (Kerikeri, New Zealand, Earle was a Kiwi, as am I now) – “*Jen was in drugs and I was in sex so between us we had the whole world covered*”!!

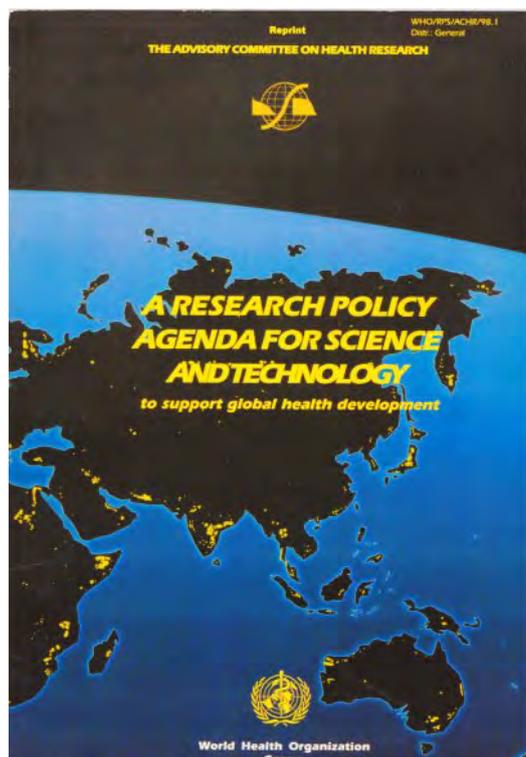
Of the people in the “serious side” photo (*QNT 127, page 2*) five have visited us in New Zealand and we were witnesses when one of the visitors and his wife came to stay nearby in Russell, Bay of Islands, and renew their 10-year-old wedding vows. The friendships founded in HRP endure.

I do remember saying to someone when Annex X was being demolished “*it’s a good job those walls can’t talk*”!!!

I thoroughly enjoy the *Quarterly News*, thank you to the Editorial Board, keep up the good work.

Jenni Wilson (Darmody), WHO 1971-1992.

Artificial Intelligence (AI) revisited



It is widely accepted that Artificial Intelligence (AI) is an essential component of the fourth stage of the Industrial Revolution, the first three stages being, in short, concerned with the mechanization of productivity, the technicization of communication, and the computerization of labour. It has been argued – not without some semantic engineering – that a fifth and possibly even a sixth “wave” are on the march (World Economic Forum). Hallmarks of the fourth stage are, in addition to AI, robotics, nanotechnology, gene technology, networking, and the metaverse. Early contributions of AI to Medicine and Public Health were published at the beginning of the 1980’s, for example by applying the Bayesian approach (probabilistic theory) to automated diagnosis.

When did WHO start to get involved in AI? A seminal report¹ summarizes the discussions held by the ACHR in the early to mid-1980’s. One of its main recommendations was to use AI in vaccine production technology (*page 25*). Other conceptual

inputs of this report were focused on technology transfer to developing countries. For example, the advantages of Polymerase Chain Reaction (PCR) testing for large-scale operation were discussed some 40 years ago. These technologies are now critical in the fight against epidemics such as Covid-19.

Further AI applications of interest to WHO are contained in another major ACHR publication². For example, “knowledge engineering” approaches were deemed relevant to acquire “collective intelligence” from the cumulative expertise of WHO staff and consultants (*pages 84-85*). The idea here is to facilitate access to the Organization’s “knowledge base”, encapsulated in summarized formal reports. Such a system would be constructed by means of capturing informal facts, perceptions, and judgements obtained by professional staff as well as external consultants.

This, in turn, would set in train a regular in-house practice of providing material for the further development of scientific and technological expertise.

Pierre Mansourian

¹ WHO Document, 1987. Enhancement of transfer of technology to developing countries with special reference to health. Report of a subcommittee of the Advisory Committee on Health Research. *WHO/RPD/ACHR(TT)/87*

² WHO Document, 1998. A research policy agenda for science and technology to support global health developments. *WHO/RPS/ACHR/1981*

PDF copies of these documents are available upon request to the AFSM e-mail address.

ASTRONOMY

The skies for July–December 2022

The second half of 2022 sees the welcome return of the bright planets to the evening sky. Actually, during the first week of July, all the bright planets are visible in the same order as their distance from the Sun, but in the early morning sky, just before sunrise. Mercury is low down in the eastern twilight, then quite equally spaced we have Venus, Mars, Jupiter and Saturn stretched across the sky. This sequence is quite rarely seen, the last time being in the 1920s! The sight is better seen the farther south you are, as Mercury will be very low as seen from northern Europe.

From then on, the planets start to appear in the late evening sky, with Saturn appearing in the east before midnight during July. Month by month Jupiter and Mars also start to rise in the evening until by the end of the year they are all on display across the early evening sky. Mars will be at its closest to the Earth for two years in December, so if you want to see the famous Red Planet through a telescope, that is the time to seek out your friendly neighbourhood astronomer.

For more help and advice look on the Society for Popular Astronomy’s website, www.popastro.com, and click on *Get Started*, where we have a step-by-step guide to get you stargazing!

Article kindly provided by the British Society for Popular Astronomy

A FORTUITOUS DISCOVERY

The love of garden statuary can sometimes be very rewarding

As far as artistic discoveries are concerned, in recent months the United Kingdom has been favoured. Following the discovery of several Roman artefacts (see QNT 126), more recently it was also the setting for a chance rediscovery of a masterpiece by Canova, master of neoclassicism.

It is a statue that a wealthy couple, passionate about gardens in the best English tradition, had purchased for 5,179 GBP – about 6000 EUR – at an auction of garden statuary, some twenty years previously. It had been believed – by the seller and the buyers – that it was the work of an anonymous craftsman. In fact, it turned out that the statue had been sculpted by Antonio Canova in 1820 and depicts one of the most notable women in the history of art, Mary Magdalene recumbent in grief. Art historians had lost track of it. A plaster model of the statue, made in September 1819 is in the *Gypsotheca* of the Antonio Canova Museum in Possagno, near Treviso, and there is also a clay prototype.



“The expression of her face, and the beauty of her figure ... are perfection” said the poet Thomas Moore of the Recumbent Magdalene by Antonio Canova. Photo: © Jonathan Brady/PA

Canova’s newly rediscovered Mary Magdalene, one of the last works of this great neoclassical sculptor, and created just at the end of his artistic activity, was commissioned by Lord Liverpool, Robert Banks Jenkinson, who was Prime Minister from 1812 to 1827. Canova died in 1822, and during his life he had created several examples of Mary Magdalene, on canvas and in marble. One of the most famous is certainly that presented at the Paris Salon of 1808 “*Madeleine pénitente*”, which was the subject of much criticism.

Mary Magdalene is a figure who has always inspired painters and artists, from Giotto to Masaccio, to the painters of the Renaissance. In her imagery she is represented as a repentant woman, following a certain evolution linked to different historical periods. Until the Baroque period Mary Magdalene was depicted as a woman of generous proportions and dazzling sensuality, according to the ideas of beauty of the time. She was depicted with an air of abandon, an ecstatic expression, and flowing hair. In this manner art

critics have seen the influence of the statue of the Blessed Ludovica Albertoni by Gian Lorenzo Bernini, which Canova had seen in Rome, in the church of San Francesco at Ripa.



Statue of the Blessed Ludovica Albertoni by Gian Lorenzo Bernini. Photo: © <https://commons.wikimedia.org/w/index.php?curid=55700839>

The story of the rediscovered statue is quite complicated. It was sold to the Earl of Liverpool for the considerable price of 1,200 guineas (1260 GBP, a sum which today would correspond to 11,000 GBP or 13,000 EUR). Following the death of Lord Liverpool, his brother sold the statue at auction in 1852 and it was purchased by William Ward, Lord Dudley. Subsequently, his art collection was transferred to his son who in 1920 sold his large house, Whitley Court, and all the contents to Sir Herbert Smith, a carpet maker. It is at this point that the attribution to Canova seems to have been lost. Following a fire, the sculpture changed hands again in 1938, when it was acquired by Violet van der Elst, an eccentric entrepreneur and activist, famous in her day. Then, in 1959 and still without attribution to Canova, the statue was found at an art dealer's, who in 2002, listed it in his catalogue of garden statuary. It was purchased by the current owners who, unaware of the artist but impressed by the beauty of the work, decided to contact an expert. Which is how they discovered, to their great surprise, being in possession of an authentic treasure. When it comes to attribution, the auctioneers Christie's have no doubts.

Donald Johnston, director of the auction house's sculpture department stated, "*The rediscovery of Canova's lost masterpiece is very exciting. This sculpture represents a widely documented commission by a great figure in British history, Prime Minister Lord Liverpool. The commission of the Mary Magdalene statue by him is testimony to the love that British collectors have always shown for the work of the great neoclassical sculptor Antonio Canova. Significantly, it is closely linked to the famous Chatsworth's Endymion, another famous repository of works by the Italian sculptor, both completed in the summer of 1822.*"

In short, a spectacular discovery that is sure to liven up Classic Week, a traditional week of enchantments planned in London by Christie's in July.

In the meantime, the statue has been on tour, first in New York, where it was exhibited from 8–13 April, then to Hong Kong, from 27 May–1 June, to finally return to London for the exhibition, and sale. The auction estimate is between 5 and 8 million GBP. If it finds a buyer, it will be a worthy close to the celebrations planned to mark the 200th anniversary of the death of the great sculptor.

Laura Ciaffei

WALK THE TALK 2022**The 3rd edition of Walk the Talk in Geneva**

Having signed up along with my wife Mary to participate in the 2022 Geneva Walk the Talk as “*Team AFSM*”, we arrived at the Place des Nations for the 08.30 meeting time on Sunday the 22nd of May. There we were amazed to be confronted with a sea of participants, all wearing the blue Walk the Talk t-shirts. We were certain that there were many more participants than on the last occasion when we could all meet for the start, pre-pandemic.

Dr Tedros was already on stage and welcoming the participants, and after a warming up session of movement, steps, and generally dancing to suitably loud and fast techno music, we were ready to set off.

First, a gentle slope upwards from the Place des Nations, along the Route de Pregny, not quite to the main entrance of the UN – where the World Health Assembly was due to open later that day – and then the slightly more serious incline up Avenue Appia. However, joining in the good-humoured exchanges with our fellow walkers, we soon arrived at WHO. Outside the old main building (presently undergoing renovation) we were entertained by a basketball demonstration and some amazing dancing to an African drum group.

Just time to admire the new WHO main building as we walked past it, on the way to the Chateau de Penthes and down the hill to the Botanical Gardens. Many of us dramatically slowed our pace there as we admired the many trees, plants, and animals. After winding our way through the gardens, we were climbing again, back to the Place des Nations, for more entertainment and refreshments.

All along our route we were suitably guided and encouraged by the many WHO and AFSM volunteer marshals placed at strategic points. A very well-organized event, and we hope to be able to form a much larger “*Team AFSM*” next year if more of our members will join us as participants or volunteers.

Keith Wynn



The participants still going strong at the foot of Avenue Appia.



Early-morning briefing for the volunteer marshals.



Dr Tedros making a presentation following his welcome address to participants.



Walk the Talk in the morning, WHA in the afternoon and the DG still finds time to chat to participants.



The participants begin to gather.



Dancing to the African drum-beats, outside the old Main WHO building.



One of our executive committee members was a volunteer marshal, in position near the US Mission, ready to direct participants to the Botanical Gardens. These are some of the first arrivals, halfway round and still keeping up a cracking pace.

MESSAGE FROM WHO TO ALL SERVING STAFF

Condolences to the WHO family upon the loss of Dr Ralph Hale Henderson

It is with great sadness that we learned of the recent passing of our colleague, Dr Ralph Hale Henderson, at the age of 85.

Dr Henderson, known for his pioneering work on the eradication of smallpox and developing immunization systems, was born in New York City, United States, and was a graduate of Harvard Medical School, Harvard School of Public Health, and Harvard's John F. Kennedy School of Government.

Working together with WHO, Dr Henderson served as the Deputy Chief of the Smallpox Eradication and Measles Control Program with the Centers for Disease Control and Prevention (CDC) Regional office in Nigeria, from 1966 to 1969. During this time, Henderson was one of the first to devise and undertake post-campaign assessments to verify achievements reported.

Dr Henderson was awarded the United States Public Health Service Surgeon General's Commendation Medal in 1969 and in 1973 became Director of the Venereal Diseases Control Division (CDC) in Atlanta, Georgia.

Dr Henderson joined WHO on secondment from the CDC, serving with the Expanded Programme on Immunization (EPI) during its formative years as Programme Manager from 1977, and as its first Director from 1979 to 1989.

His team established standards for various vaccines, standards for field activities, provided field assistance to countries and initiated a host of research activities to improve delivery programmes. He became a driving force within the Task Force for Child Survival, increasing immunization coverage to an estimated 80% of children globally, in doing so preventing approximately three million unnecessary child deaths every year.

During this time, Dr Henderson was promoted, in 1981, to the rank of Assistant Surgeon General in the United States Public Health Service, which awarded him the Meritorious Service Medal in 1984.

In 1990, Dr Henderson was appointed Assistant Director-General by Dr Hiroshi Nakajima, Director-General, heading five WHO divisions:

1. the newly established Division of Control of Tropical Diseases;
2. the Special Programme for Research and Training in Tropical Diseases;
3. Communicable Diseases;
4. Diarrhoeal Diseases Control; and
5. the Expanded Programme on Immunization.

In 1998, he was appointed Special Advisor to Director-General, before retiring in 1999.

In 2016, Dr Henderson published his memoir *Immunising the Children of the World*, which tells the story of WHO's contributions to the global efforts to ensure worldwide immunization.

Over his many years of practicing global health, his wife, Ilze, accompanied him on almost every mission, working as a rapporteur and keeping a daily journal to document their activities.

WHO conveys its sincere condolences to Dr Henderson's family and relatives.

See the obituary and souvenirs of Dr Ralph Henderson on page 24