



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

Former President of the United States of America, James Earl (Jimmy) Carter Jr died on 29 December 2024 at the age of 100.

On page 14 we pay tribute to the extraordinary contribution – in support of WHO and global Public Health – made by former President Jimmy Carter and former First Lady Rosalynn Carter through The Carter Center, which they established in 1982.

AFSM SOCIAL EVENTS

Photos of the AFSM lunch held at the *Point du Jour* restaurant in Geneva on 19 February 2025. The report is on page 5, and more photos on page 32.



The participants (in alphabetical order) at this first AFSM lunch were: Caroline Allsopp, Félie Bayenga Dupont, Robert Bos, Suzanne Cherney, Neda Damachi, Diana de Peic, Mary Dillon, Carolyn Doucelin, Wendy Gray, Nadia Hilal McDonald, Helena Mbele-Mbong, Geneviève Mermin Martinez, Chizuru Nishida, Franci Palen, Dev Ray, Julie Samuelson, Norman Sartorius, Coby Sikkens, Sue Block Tyrrell, Rosemary Villars, Elsa Vitry, Anne Yamada.

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EDITORIAL

As you are no doubt aware, **the President of the United States of America recently announced his decision to withdraw the USA from WHO**. Inevitably this is causing a tough financial crunch for the Organization.

In this difficult and worrying time I am sure that most of us would like to be able to help. **The AFSM Committee wishes to demonstrate our solidarity with the Organization**, by significantly reducing the cost of our Association to WHO.

There is one major AFSM cost area which involves a considerable disbursement by WHO – **namely the cost of providing paper, printing, wrapping, and postage of the *Quarterly News* four times each year.**

This outlay presents an ideal way for us **to make a substantial reduction in cost for WHO**. To do this we urgently need **a minimum of 500 more members to forego paper copies of the magazine**, which are printed and posted at great expense to WHO, and read it on-line.

I have already taken that decision, will you? If so, please don't hesitate, let us know without delay at aoms@who.int.

Thank you, Keith Wynn

EDITORIAL BOARD

Keith Wynn, *Editor-in-Chief and layout*,
Sue Block Tyrrell,
Catherine d'Arcangues,
Barbara Fontaine, Lindsay Martinez,
JP Menu, Dev Ray, Rosemary Villars.

The translation of all articles is undertaken by the Editorial Board and Michèle Evans, Edmond Mobio and Anne Yamada.

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

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

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

News from your Association

Our Association has been saddened by the death of David Cohen in January 2025. He was our former President and Editor-in-Chief of the *Quarterly News* for many years. His contribution to AFSM began in 1998 and continued until his passing. A tribute can be found under the heading *In Memoriam* on page 27.

David had the courage to raise the question of succession planning with the Editor of the *Quarterly News*, particularly regarding the ever-popular series of articles on *Our Health*. David's wish was that Dr Caroline Cross be approached to continue this series.

Caroline recently retired as Director of the WHO Department of Staff Health and Well-being and joined AFSM. We are delighted to inform you that Caroline has agreed to succeed David and take over the preparation of articles on *Our Health*. We would like to extend a warm welcome to Caroline and thank her for her commitment to the Association. We look forward to the next article in the series.

The decision of the recently elected President of the United States to withdraw from WHO has been front-page news. Our Director-General has already taken immediate steps to curb operating costs and this work continues. Like you, we wait to learn more. *See also the report on the February Executive Board meeting on page 10*. The AFSM Committee wishes to demonstrate our solidarity with WHO by significantly reducing the cost of our Association to the Organization. There is one major cost area to WHO which we can reduce – the *Quarterly News*.

See the appeal by the Editor in the Editorial on page 3 and please act immediately.

Together with the responsible Unit at Headquarters, we organized a Webinar on age-friendly cities and communities (*see the full article on page 17*).

The first lunch organized for our members in the Geneva region was held on 19 February with 22 guests. *See the article opposite*.

General Assembly on 6 October

We take this opportunity to inform members that our next General Assembly will be held at HQ on 6 October this year – we will advise further details in due course. It will be a hybrid meeting to enable local members to attend in person and all other members to participate online.

We plan to hold a low-cost reception at the end of the Assembly, and we hope that more members will attend than in the recent past!

If there is sufficient interest, we will ask for tables to be reserved for AFSM members in the HQ cafeteria at lunch time, *see the following page*.

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

AFSM SOCIAL EVENTS

Quarterly Lunches

Lunch at the *Point du Jour* restaurant in Geneva on 19 February 2025

Readers may remember our call for interest in holding periodic lunches for AFSM members in the Geneva area, with each participant paying their own way. We were delighted to receive almost 40 favourable responses. Franci Palen and Coby Sikkens kindly offered to organize the first one which was held at the *Point du Jour* restaurant in Geneva on 19 February. Twenty-two members attended – 3 men and 19 women – the men were Robert Bos, Dev Ray and Norman Sartorius. We hope that more men will come to future lunches! It was a most enjoyable event as testified by the photos – many more can be found on pages 2 and 32.



Regarding the future, those attending agreed to repeat the event and hold such lunches in different medium-priced restaurants, either in Switzerland or neighbouring France where there is easy access on public transport and parking space, once every quarter on the first Wednesday of the month between 12 noon and 14.00.



The next lunch is scheduled for Wednesday 7 May 2025

We thank Franci who managed the arrangements and also Carolyn Doucelin and Elsa Vitry for their kind offer to organize the May lunch. We count on more volunteers for the future lunches.

Register your interest

If you have not already done so and would like to have your name included in the list of those interested, please send an email to the AFSM. Each lunch will be announced by the Executive Committee to all AFSM members living in the Geneva area so that we do not miss anyone who may wish to join (e.g. new AFSM members) but practical arrangements will only be sent to those on the “interested” list.

Lunch prior to the General Assembly on 6 October

If there is interest, we will reserve tables for AFSM members in the HQ cafeteria at lunch time prior to the start of the General Assembly on 6 October, so that those who are interested can come early and enjoy lunch together. We will be back in touch with you nearer the time, *see the previous page*.

Franci Palen and **Sue Block Tyrrell**

PENSION NEWS

Highlights from the 2024 Pension Board

The 78th UNJSPF Board, reporting on 2023 activities, was held at the Economic and Social Commission for Asia and the Pacific in Bangkok from 29 July to 2 August 2024 in hybrid fashion. Physically attending were 33 Board members, while others logged on. It addressed the usual wide range of topics concerning the oversight and optimal administrative, financial and investment management of the Fund.

Below are highlights of some of the essential items discussed by the Board.

Administration and Operations

The Fund's client base continues to grow. Over the past five years, participant numbers have increased about 3.1% annually, while the number of benefit payments about 1.8%. In 2023 alone, the number of participants increased 4.3% and beneficiaries by 2.4%. Correspondingly, the workload is increasing and becoming more complex to address effectively the challenges of a volatile geopolitical environment and the needs of an ageing and more geographically dispersed client population. Improving client services, modernizing out-dated information technology systems and providing electronic forms, all of which help to facilitate and expedite workloads, remain priorities. The Fund is dedicated to addressing the needs of an ageing beneficiary population, the majority of which are in the 70 to 79 age bracket and more than 19,000 individuals 80 years or older.

The Fund's programme of work includes: the Operations Service, managing the participation as well as the separation process in collaboration with the 24 member organizations, and post-retirement matters; Client Services, responsible for providing support to approximately 235,900 participants and beneficiaries; Financial Service handling all financial reporting activities, collection and reconciliation of contributions, and benefit payments; Information Management Systems Service responsible for collecting information and communications with all stakeholders (e.g. clients, staff pension committees, the Board and its various

committees); Data Analysis Unit responsible for centralized data analysis and reporting structure; Legal Office providing unified legal services; and Risk Management Unit advising on managing risk and internal controls.

At the end of 2023, approximately half of all beneficiaries officially resided in 10 countries, namely (in decreasing numbers of beneficiaries), USA, France, Switzerland, Italy, Austria, UK, Canada, India, Kenya and Thailand, with the remaining beneficiaries dispersed across more than 180 countries and territories. More than 60% of beneficiaries requested their benefits to be paid in US dollars, regardless of country of residence.

Key Facts

24 Member organizations, plus the UN

149,848 Participants

86,013 Beneficiaries

- 58,763 retirees
- 14,111 surviving spouses
- 10,153 children
- 2,954 disabilities
- 32 secondary dependents

Contributions (& non-investment income):
US\$ 3.41 billions

Pension payments (& expenses):
US\$ 3.53 billions

- paid in 18 currencies
- in 190 countries

(As of 31 December 2023)

Further, in recent years the vast majority of newly retired chose to receive their benefits on the US dollar track. As of December 2023, 19% of beneficiaries had opted for the two-track feature. The latest report on monitoring currency fluctuations on pension benefits indicated that the pension benefit amounts in the local currency track continued to be maintained at, or near, the targeted levels. In addition, the results of the analysis of the impact of fluctuations after separation indicated that, despite some variability, the performance of the two-track feature remained relatively stable for the majority of benefits with different separation dates within a country.

The 2022–2023 biennial medical report informed that 263 new disability benefits were awarded to participants. Leading causes of disability cases are: psychiatric (46%), neurological (18%), neoplasm (12%) and orthopaedic (8%). Participants aged 50 or above accounted for 74% of all new disability cases. Male participants accounted for 55% of new cases and female participants, 45%. A total of 244 deaths in service were reported, representing an annual mortality of approximately 0.83% per thousand participants. With regard to disabled children, a total of 106 new child disability benefits were awarded during the period and the leading causes continued to be psychiatric, neurological and genetic.

The Chief Executive of Pension Administration (CEPA) thanked FAFICS and the other associations of former international civil servants for their collaboration in preventing the suspension of pensions, highlighting that the combined outreach efforts resulted in an historically low number (953) of main benefits being suspended due to lack of submission of the annual (2023) certificate of entitlement. Meanwhile, the digital certificate of entitlement is gaining in popularity with more than 40,000 issued thus far in 2024.

Other news from the Pension Administration is that Rosemarie McClean was reappointed as the Chief Executive of Pension Administration for a second five-year term beginning 1 January 2025.

Investments & Financial Matters

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

When the Representative of the Secretary-General (RSG) for the investment of the Fund's assets joined in 2020, there were significant issues needing attention, such as a toxic culture within IOM highlighted by Internal Audit, consistently poor portfolio returns, inadequate human and other resources, and the absence of cybersecurity plans. There was also an urgent need for transparency in reporting. Since then, IOM has invested in resources to address successfully many of these issues. Over recent years, the Pension Fund portfolio had grown significantly, now ranking

Key Facts

US\$ 88.25 billion: Net assets available for benefits

US\$ 10.33 billion: Investment gain

Portfolio composition:

- 51.23 % in equities
- 31.18 % in fixed income
- 8.16 % in real assets
- 8.59 % in alternative investments

Portfolio management:

- 73.2 % internally
- 9.9 % through external managers
- 16.9 % invested in private markets

(As of 31 December 2023)

amongst the top 50 funds worldwide. It continues to perform well, delivering consistent returns with conservative risk levels. The 15-year annualized real rate of return was 4.81%, above the long-term objective of 3.5 per cent and at 31 December 2023, the value was US\$ 88.25 billion, increasing US\$ 10.33 billion over the year. At the time of writing, the value had reached US\$ 96.75 billion.

IOM has lower operating costs in comparison to its peers, namely, a lower staff-to-asset ratio. This operational efficiency is underscored by the internal management of most of the portfolio, i.e. 80%. The industry norm for managing assets of US\$ 88.3 billion is 198 staff whereas IOM manages with 165 staff members, or 17% less. In addition, IOM salaries are lower than those in the industry. IOM intends to continue strengthening the internal management capacity, resorting only to external management as and when inhouse resources are lacking for a particular investment type given the strategic value of diversified investments.

By the end of 2023, the Fund held investments in more than 50 countries with the largest concentration in the United States of America (75.85%), followed by the United Kingdom of Great Britain and Northern Ireland (3.23%), Japan (3.22%), and the Cayman Islands (2.52%). The geographical distribution of the portfolio was North America (77.35%), Europe (10.27%) and Asia and the Pacific (7.75%), Latin America and the Caribbean (3.29%), Oceania (1.09%) and Africa (0.26%). Investment decisions continue to prioritize the US dollar owing to its dominance and liquidity. It invests in diverse industries, including financials, information technology, communication services, consumer discretionary, consumer staples, energy, health care, industrials, materials, utilities, and real estate. IOM is aligned with the Sustainable Development Goals and is on track to decarbonize its portfolio.

Managing a Pension Fund portfolio includes not only actively managing the assets but also the risks influencing the assets, such as shifting geopolitics, volatile global currencies and interest rate fluctuations, credit risk of sovereign countries and the risk of loan default, cyberattacks, ongoing conflicts in various parts in the world, inflation in global economies and AI. Risk management is

therefore an integral part of IOM's work, with a specialized team dedicated to the task. As well, it is part of the Pension Administration monitoring, for example, demographic changes, internal operational risks including those affecting member organisations, and service provision to clients located in more than 190 countries. All significant identified risks are captured in formal risk registers, which are subject to regular review by senior managers and internal and external auditors.

The December 2023 actuarial valuation, considering the demographic and economic assumptions from varying perspectives, determined that no liquidity issues were expected over the next 50 years and that the Fund remained in a strong financial position, capable of meeting its obligations to current and future beneficiaries. The reported funded status was 152%, meaning that the Fund has considerably more assets than needed to pay benefits and the principal of the Fund is projected to continue to grow and is not expected to be used to pay benefits for at least the next 50 years. Further, the consulting actuary stated that for actuarial valuation purposes, the Fund was modelled well beyond 50 years, as it was assumed the Fund would run into perpetuity. Under article 26 of the Fund's Regulations, the actuarial valuation is also used to determine whether assets are sufficient to meet the contractual liabilities. In the event that they are not, member organizations may be required to make additional contributions to the Fund.

As attested by the various studies, technical committees, monitoring systems and checks and balances, much concerted and collaborative effort goes into managing the Fund, both administratively as well as the investments. It is truly well-managed and well-positioned to ride out the occasional financial or geopolitical crisis with the long-term objective of providing retirees a monthly pension for years to come.

Barbara Fontaine

A PHOTO FROM THE ARCHIVES

1986: a photo of the Expanded Programme on Immunization (EPI) team who were in Geneva on that day



Standing, left to right: Alex Savinykh, Tom Kirsch, François Gasse, John Clements, Jock Copland, Artur Galaska, Rafe Henderson, Eveline Kelleher, Ko Keja, Danielle Kugele, James Cheyne, Chantal Huot de Saint Albin, Anne Severino, Bibi Le Blanc.

Seated, left to right: Carole Chan (later Torel), Karin Bergstrom, Elizabeth (Libby) Girardet.

A senior EPI staff member, John Lloyd, was on duty travel at the time this photo was taken.

NEW MEMBERS

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

New Life Members

Anindya Sekhar Bose
Kathrin Bruchmann
Neda Damachi
Carolyn Jane Doucelin
Ipuragboma Richard Koko
Johnson Mah
Katherin (Kate) Ruzena Szepeszy

Conversions to Life Members

Petros Gikonyo
Roberta Ritson
Breeda Hickey

New Annual Members

Naofumi Hashimoto
Louise Wakeford

NEWS FROM WHO

Highlights of news from WHO

Executive Board, 156th Session, 3–11 February 2025

The session was held in the auditorium of the B building at HQ under the chairmanship of Dr Jerome Walcott, Minister of Health and Wellness of Barbados. As usual, the Board had a full agenda containing about 50 items and sub-items. The opening remarks by the Director-General can be found at – <https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-156th-session-of-the-executive-board-3-february-2025>. Towards the end of the statement, readers can find the comments by Dr Tedros on the decision of the United States to withdraw from WHO. <https://www.who.int/news/item/21-01-2025-who-comments-on-united-states--announcement-of-intent-to-withdraw>. The USA currently has membership of the Executive Board and was represented. Argentina is currently not a member of the Executive Board but representatives from the Mission are shown in the list of participants. Dr Tedros expressed the hope that both governments would reconsider their decisions.



There was, of course, considerable discussion on budget and financial matters. Nonetheless, the Board recommended the Programme Budget 2026–27 to the World Health Assembly, recommended the 20% increase in assessed contributions and honoured its commitment made in 2022 to increase assessed contributions to 50% of the base budget.

The Board reappointed Dr Hans Kluge as Regional Director for Europe for a

five-year term from 4 February 2025. The Board expressed its appreciation of the services of Dr Matshidiso Moeti, outgoing Regional Director for Africa. Procedures are ongoing for the election of the new Regional Director and a special session of the Regional Committee for Africa is planned in Geneva on 18 May to nominate the next RD. At its 157th session end May, the Executive Board will be invited to appoint the new Regional Director for Africa.

The closing remarks by the DG can be found at – <https://www.who.int/director-general/speeches/detail/who-director-general-s-closing-remarks-at-the-156th-session-of-the-executive-board---11-february-2025>. Dr Tedros emphasized that WHO is operating with twin strategic goals – to mobilize new resources and to tighten its belt. He welcomed the opportunity to engage in constructive dialogue with the United States.

The 78th World Health Assembly will be held in Geneva from 19–27 May 2025.

A selection of other news

- On 5 December 2024, WHO announced **the first prequalification of a tuberculosis diagnostic test called Xpert® MTB/RIF Ultra**. Accurate and early detection of TB, especially drug-resistant strains, remains a critical and challenging global health priority.
- On 11 December WHO released the latest **World malaria report**. Malaria remains a serious global health threat, particularly in the WHO African Region.

<https://www.who.int/teams/global-malaria-programme/reports/world-malaria-report-2024>



- On 12 December, the **2024 Global Health Expenditure Report** was released, showing that the average per capita **government spending on health in all country income groups fell in 2022 from 2021** after a surge in the early pandemic years. <https://iris.who.int/handle/10665/379750>
- On 13 December, **the Director-General and the WHO Legal Counsel addressed the International Court of Justice** in the context of its public hearings on the request for an advisory opinion on the **Obligations of States in respect of Climate Change**. In his statement, Dr Tedros focused on the health implications of climate change, while Mr Walton addressed related law and governance aspects.

- The WHO Academy in Lyon officially opened on 17 December** with a high-profile inauguration ceremony. The event was attended by **the Director-General, French President H.E. Emmanuel Macron, and dozens of health ministers, international representatives, donors and local French partners**. The Academy will



contribute to a better trained health workforce around the world. Through training delivered in Lyon and everywhere in the world on its online platform, **the Academy will give access to the critical skills and competencies and to the latest knowledge and know-how in terms of public health** to health professionals, policy-makers and WHO's own workforce.

- On 18 December, **WHO prequalified the first diagnostic test for glucose-6-phosphate dehydrogenase (G6PD) deficiency** which can help to safely deliver WHO-recommended **treatments to prevent relapse of Plasmodium vivax (P. vivax) infection**. This marks a significant milestone in facilitating safe and effective *P. vivax* malaria treatment. **Some 500,000 people die each year from malaria, most of them children.**



- On 24 December, **WHO issued its review of a very complex 2024** – a year of health highlights, breakthroughs and challenges **WHO looks back at 2024**. <https://www.who.int/news-room/spotlight/who-looks-back-at-2024/>
- On 16 January 2025, **WHO launched a USD 1.5 billion Health Emergency Appeal**. Conflict, climate change, epidemics and displacement are converging to create **an unprecedented global health crisis, with 305 million people in urgent need of humanitarian assistance in 2025**.
- From 20–24 January, **WHO was present at the World Economic Forum** in Davos, participating in various health-related events.
- On 23 January, **Georgia was certified malaria-free by WHO**, joining the ranks of **45 countries and 1 territory that have achieved this milestone**. <https://www.who.int/teams/global-malaria-programme/elimination/countries-and-territories-certified-malaria-free-by-who>
- On 28 January, **WHO expressed its deep concern about the implications of the immediate funding pause by the US government of PEPFAR's (the United States President's Emergency Plan for AIDS Relief) programmes in low- and middle-income countries**. <https://www.who.int/news/item/28-01-2025-who-statement-on-potential-global-threat-to-people-living-with-hiv> These programmes provide access to life-saving HIV therapy to more than 30 million people worldwide. **A funding halt can put people living with HIV at immediate increased risk of illness**. Globally, 39.9 million people were living with HIV at the end of 2023.
- On 29 January, **WHO congratulated Guinea for eliminating the gambiense form of human African trypanosomiasis as a public health problem**.
- On 30 January, **WHO congratulated Niger as the first country in the African Region to eliminate onchocerciasis**.
- On 4 February, in a global first, **Uganda's Ministry of Health, WHO and other partners launched a first-ever clinical efficacy trial of a vaccine against Ebola Sudan virus disease**. IAVI

(International AIDS Vaccine Initiative), the vaccine provider, has already conducted the necessary phase 1 and phase 2 trials to ensure safety and immunogenicity. **It is the first clinical trial of the vaccine during an outbreak.**

- On 11 February, **WHO and the St Jude Children's Research Hospital in Memphis, Tennessee, commenced distribution of critically-needed childhood cancer medicines in 2 of 6 pilot**



countries through the **Global Platform for Access to Childhood Cancer Medicines**. Currently, these medicines are being delivered to Mongolia and Uzbekistan, with next shipments planned for Ecuador, Jordan, Nepal and Zambia.

<https://www.who.int/teams/noncommunicable-diseases/ncds-management/cancer-programme/global-platform-for-access-to-childhood-cancer-medicines>

- On 13 February, WHO released the **2025 update to the 11th revision of the International Classification of Diseases (ICD-11)**, which introduces new features designed to improve interoperability, accuracy, and ease of use in national health systems. <https://www.who.int/standards/classifications/classification-of-diseases>



- The work of the **Intergovernmental Negotiating Body for a WHO Instrument on Pandemic Prevention, Preparedness and Response continues**. The 13th meeting was held from 17–21 February.
 - From 18–20 February, the **Fourth Global Ministerial Conference on Road Safety was held in Marrakech, Morocco**. With the theme of “**Commit to Life**”, the summit brought leaders and experts together to accelerate action towards the **SDG target of halving global road deaths by 2030**.
<https://www.roadsafetymorocco.com/#/?#/?#/?lang=en>
 - From 24–27 February, **WHO held its biannual consultation with an advisory group of experts to analyse influenza virus surveillance data generated by the WHO Global Influenza Surveillance and Response System (GISRS)**, and on 28 February issued recommendations on the composition of the **influenza vaccines for the following influenza season in the Northern Hemisphere**. The recommendations are used by the national vaccine regulatory agencies and pharmaceutical companies to develop, produce and license influenza vaccines.
 - The **20th anniversary of the entry into force of the WHO Framework Convention on Tobacco Control (WHO FCTC)** was celebrated on 27 February. It is the first ever treaty negotiated under the auspices of WHO and one of the most widely embraced treaties in UN history. **The Convention has 183 Parties and has succeeded in saving millions of lives** through various tobacco control measures since its entry into force 20 years ago. <https://fctc.who.int/>
 - This year’s **World Health Day, on 7 April**, kicked off a year-long campaign on maternal and newborn health. The campaign, entitled ***Healthy beginnings, hopeful futures***, urges governments and the health community to ramp up efforts to **end preventable maternal and newborn deaths**, and to **prioritize women’s longer-term health and well-being**.
- A photograph showing a woman, likely a mother, wearing a purple and white patterned shawl, cradling a newborn baby in a hospital bed. The baby is wrapped in a white cloth. The woman is looking down at the baby with a gentle expression. The background shows a hospital room setting with a white bedside table and a colorful quilted blanket.
- Further information and documentation can be found on the WHO website – www.who.int.
- Sue Block Tyrrell***



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Sue Block Tyrrell



A TRIBUTE TO JIMMY CARTER

James Earl (Jimmy) Carter Jr – A tribute to the former President of the United States and The Carter Center

In December 2024, WHO's Global Neglected Tropical Diseases Programme marked the passing of former US President Jimmy Carter with *"great sadness"*. Honouring his extraordinary life, the WHO tribute called Carter, who died at age 100 on 29 December, *"a tireless advocate for health and social justice ... a compassionate and committed voice for impoverished communities worldwide."*

<https://www.who.int/news/item/31-12-2024-a-tribute-to-president-jimmy-carter>

Jimmy Carter, who served as 39th President of the United States of America, leaves a global legacy encompassing multiple fields, from housing construction to the eradication of Guinea-worm disease (dracunculiasis), and from the promotion of mental health to the defence of peace and democracy. Strikingly, the breadth of his endeavours and achievements mirrors the principles by which WHO itself is governed.

WHO Constitution

- Health is a state of complete physical, mental and social well-being
- The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being.
- The health of all peoples is fundamental to the attainment of peace and security.

Personal inspiration

In a world where religion is sometimes wielded as a weapon of intolerance, Carter and his wife Rosalynn were inspired by their religious faith to become champions of inclusivity. One example: their efforts towards affordable, decent housing for all. The Carters' neighbours Millard and Linda Fuller had *"started an interracial Christian communal farm named Koinonia — then later founded Habitat for Humanity. Encounters with people like the Fullers convinced Carter that what the country needed was... a practical emulation of the ethics of Jesus"*. Donating their time, leadership and hands-

on construction skills through Habitat for Humanity's Carter Work Project (<https://www.habitat.org/carter-work-project>), the Carters personally worked for more than 35 years alongside nearly 108,000 volunteers in 14 countries to build, renovate and repair homes.

<https://www.christianitytoday.com/2024/10/the-evangelicalism-of-jimmy-carter-100th-birthday/>

The Carter Center

In 1982 the former President and former First Lady Rosalynn Carter co-founded the nongovernmental, not-for-profit Carter Center.

During his tenure as US President (1976–1980), Carter shifted the US Agency for International Development (USAID) away from technical and capital assistance programmes in favour of basic human needs such as food and nutrition, population planning, health and education.

These priorities became the hallmarks of The Carter Center, manifested in numerous programmes promoting peace through democracy, human rights, rule of law, and conflict resolution; eliminating and eradicating tropical diseases; and advancing mental health reform.

The Carter Center is *"at the forefront of efforts to eliminate several neglected tropical diseases, providing invaluable funding, technical knowledge,*

support and advice to institutions, governments and field workers the world over”.

<https://www.who.int/news/item/31-12-2024-a-tribute-to-president-jimmy-carter>

Eradication of Guinea-worm disease (dracunculiasis)

The Center’s flagship health programme is the Global Guinea-Worm Eradication Program.

Dracunculus medinensis

(https://en.wikipedia.org/wiki/Dracunculus_medinensis) is a loathsome worm up to a meter long that causes excruciating blistering and pain when it emerges through the skin a year after initial infection.

In 1986, when The Carter Center took up eradication, an estimated 3.5 million people per year were infected with this parasite by drinking water contaminated with the roundworm. Tens of millions of cases have been averted since this work began. This success was accomplished not with any vaccine or drug, but through community engagement and basic public health interventions to identify cases, manage these cases, and treat water sources to interrupt parasite transmission in some of the most difficult settings around the world. Hundreds of thousands of volunteers in tens of thousands of remote villages received training in how to filter water to make it safe to drink and how to manage infected people – and infected animals, including cats and dogs – to prevent transmission.

As a result, the global incidence of the disease has dropped steeply, from around 3.5 million cases in the 1980s to 14 in 2023 and – provisionally – 13 in 2024 including just nine in Chad, a country that has traditionally accounted for over 50% of human cases of infection with Guinea-worm disease and

over 80% of animal infections recorded worldwide each year. A crippling parasitic disease on the verge of eradication. ([https://www.who.int/news-room/fact-sheets/detail/dracunculiasis-\(guinea-worm-disease\)](https://www.who.int/news-room/fact-sheets/detail/dracunculiasis-(guinea-worm-disease)))

Global health collaboration

In addition to Guinea-worm disease, WHO credits President Carter for championing WHO’s African Programme for Onchocerciasis Control

(https://www.who.int/health-topics/onchocerciasis#tab=tab_1), supporting trachoma elimination programmes across sub-Saharan Africa (https://www.who.int/health-topics/trachoma#tab=tab_1), and lending his influence to mass drug administration campaigns for schistosomiasis. Carter’s involvement in the International Task Force for Disease Eradication also helped set the global agenda for eliminating lymphatic filariasis and other neglected tropical diseases (https://www.who.int/health-topics/lymphatic-filariasis#tab=tab_1v).

More broadly, beyond the actual Carter Center programmes, the Carters used their enormous prestige and access to bring national and international leaders, corporate directors, donors, scientists, and politicians into the struggle for global health.

2002: Nobel Prize for Peace

In 1995, as part of The Carter Center campaign, President Carter used his remarkable diplomatic skills to negotiate a humanitarian cease-fire in the long Sudan Civil War to allow health workers to enter the combat zone to fight Guinea worm. It became known as the Guinea Worm Cease-fire. At the time, it was the longest humanitarian truce in

“Just as the people of Chad no longer face the threat of African trypanosomiasis, so today we stand on the threshold of freeing Chad – and the world – from Guinea-worm disease. This achievement is not just about numbers; it is about lives transformed and communities empowered.”

Dr Tedros Adhanom Ghebreyesus,
WHO Director-General

“We believe access to health care is a human right, especially among poor people afflicted with disease who are forgotten, ignored, and often without hope. Just to know that someone cares about them not only can ease their physical pain but also remove an element of alienation and anger that can lead to hatred and violence.”

Jimmy Carter

world history. The cease-fire also allowed health teams to administer polio vaccinations and ivermectin (donated by Merck) for river blindness. For this and President Carter's many other efforts towards peace and human rights, including his successful mediation of a peace agreement between Egypt and Israel in 1978 (the Camp David Accords), he received the 2002 Nobel Peace Prize.

The Nobel Committee stated that the Prize was awarded to Jimmy Carter "*for his decades of untiring effort to find peaceful solutions to international conflicts, to advance democracy and human rights, and to promote economic and social development*".

Suzanne Cherney

Dr SAMUEL SARPHATI (1813–1866)

Samuel Sarphati – the Amsterdam physician who left a public health legacy of preventive care and hygiene

Amsterdam celebrates its 750th anniversary this year. At the start of the celebrations, Amsterdam newspaper "*Het Parool*" organized a poll to select the greatest *Amsterdammer* in this 750 year history.

On 16 January 2025 it published the results – out of a shortlist of 14 candidates the readers chose Samuel Sarphati (1813–1866) as the winner. The "*compassionate doctor*" and philanthropist won the contest by a large margin.

Sarphati was born in Amsterdam on 31 January 1813, the son of a tobacco merchant from the Portuguese–Jewish middle class, and he worked his way up with unprecedented drive. His father decided that he should become a pharmacist, a profession with little prestige in those days. He himself decided that he would rather study medicine in Leiden.



After his studies, Sarphati became a doctor for the poor. The health status of the city's population was in bad shape. Around 1850, half of the children died before the age of five. Contagious diseases spread rapidly.

Against the prevailing bureaucracy of charity and hospitals, Sarphati drew up his own plan: when necessary, he would pay for the costs of treatments himself. He could afford to do this, since he had married Abigail Mendes de Leon, a wealthy patrician's daughter, in 1843.

Sarphati was an all-rounder with a great sense of social justice. He founded the Dutch Society for the Promotion of Pharmacy, started a poorhouse for children of parents "*who work or have a business outside the home*" and established a Trade and Industrial school. He himself taught chemistry there. In the meantime, the city was becoming increasingly polluted. It stank. Today's picturesque canals were, back then, open sewers, and waste was piling up everywhere. Sarphati organised various interventions to improve the environmental determinants of health:

1. **Clean Drinking Water:** Sarphati recognized the link between poor sanitation, contaminated drinking water, and widespread disease such as cholera. In response, he spearheaded initiatives to provide clean and safe drinking water to the city's residents. His efforts laid the groundwork for the establishment of Amsterdam's first modern water supply system, which was later formalized with the creation of the Amsterdam Waterworks Company in 1853.
2. **Waste Management and Hygiene:** Sarphati was also deeply concerned with improving waste disposal in Amsterdam. He introduced organized garbage collection systems to remove refuse from the city's streets, contributing to better urban hygiene.
3. **Housing and Urban Planning:** Beyond water and sanitation, Sarphati advocated for healthier living conditions. He was instrumental in projects to construct affordable and hygienic, better ventilated housing for the working class, as well as broader urban renewal initiatives.

In addition, he arranged for the building of a slaughterhouse and started a bread factory, which made the price of bread affordable for the poor. For a large part due to these efforts, the life expectancy of Amsterdammers began to rise in the second half of the nineteenth century.

On 23 June 1866 Sarphati died, childless, aged 53.

Two international awards are named in honour of Sarphati:

The Sarphati Prize recognizes his outstanding contributions to improving public health and combating hunger and malnutrition. It reflects Sarphati's legacy of combining innovation, entrepreneurship, and social commitment to address pressing societal challenges. It celebrates individuals, organizations, or initiatives that have contributed significantly to improving food systems, nutrition, and public health, particularly in underserved or vulnerable populations. The award ceremony is organized by AIM (Amsterdam Initiative against Malnutrition) and its partners, which include public, private, and academic institutions.

The Sarphati Sanitation Award acknowledges his innovative and impactful contributions to sanitation. Created in 2013 to honour individuals or organisations having made contributions to global sanitation and public health, it is awarded every two years, under the auspices of a World Waternet, the Netherlands Water Partnership and Aqua for All, and is endorsed by the Dutch Ministry of Foreign Affairs through its Directorate-General for International Cooperation.

It is significant, as well as heartening, that the general readership of the newspaper has recognized the person who brought safe drinking water, sanitation, hygiene and solid public health practice to 19th century Amsterdam as the greatest person in the city's 750-year history.

Robert Bos

REPORT OF AN AFSM/WHO WEBINAR

Mobilizing communities in support of healthy ageing

The WHO activities under the umbrella of the UN Decade of Healthy Ageing (2021–2030) remain in the AFSM spotlight. Following the October 2022 webinar introducing the Decade (*QNT 130 April 2023*), and the reporting on the initiative for a Convention on the Human Rights of Older People (*QNT 138 January 2025*), a second webinar was organized on 25 February 2025 covering the WHO Global Network of Age-friendly Cities and Communities. The webinar was moderated by AFSM co-President Robert Bos. This webinar was a joint effort of the WHO Demographic Change and Healthy Ageing Unit and the AFSMs.

This webinar went beyond being a mere information transfer session but also aimed to encourage participants to engage in efforts to make their local communities more age-friendly, as reflected in the webinar objectives. The first three objectives were about presenting the facts: to inform participants about the goals, scope and focus of the Network, to present a WHO Regional Office perspective on how initiatives are taking shape in Member States, and to hear testimonies from representatives of organizations and communities on the application of age-friendly principles in practice. The second set of objectives was about presenting options and opportunities for former WHO staff members to engage in local Network activities, to support WHO programmatic work and to use knowledge exchange mechanisms in efforts to promote their community's age-friendliness.

In a video statement WHO's Director-General Dr Tedros expressed his appreciation for the initiative to organize the event. In today's world, the number of older people is growing rapidly and so is the contingent of older people living in urban settings. The UN Decade stresses that for people to age healthily, they should be enabled to age well in a place that is right for them, where they can continue to develop personally, are included in and can contribute to their community, and enjoy independence and good health. Dr Tedros expressed the hope that this webinar would inspire and stimulate AFSM members to become actively involved with their community on matters of healthy ageing.

Dr Thiago Herick De Sá introduced the WHO Global Network. There is a lot to be optimistic about: a universal trend of people living longer, and an acceleration of the expansion of older people as part of the overall population. There is, however, a need to focus on quality of life in the context of increasing longevity. Between 2000 and 2019, the gap between life expectancy and healthy life expectancy widened for both men and women. This is where the concept of age-friendly cities and communities comes in.

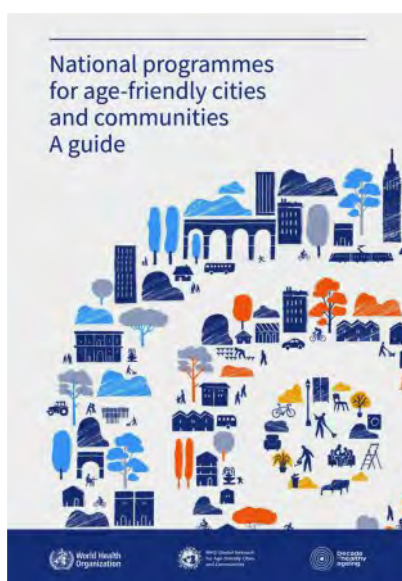
The key to closing these gaps is to manage our environment, including the physical, social and economic aspects which comprise the determinants of health of older people. In 2007 WHO published a "*Guide to Global Age-friendly Cities*" and in 2010 the Global Network of Age-friendly Cities and Communities was created. Today, the Network has over 1700 members across more than 60 countries, all committed to becoming more age friendly.

With its common vision (to make communities a great place to grow older in), mission (to connect, inspire and support) and consistent criteria across WHO Regions, the Network has seen a steady growth, with a large uptake in low- and middle-income countries over the last five years.

For access to more information, <https://extranet.who.int/agefriendlyworld/who-network/>.

Network-affiliated programmes in WHO Member States promote age-friendly environments at the subnational, national or international levels. They advocate for the work of the Network, disseminate

knowledge, stimulate action and provide guidance and support to cities and communities within the local governance context and in the local language. A new WHO guide and toolkit aim to support Member States in developing national programmes.



Next, Yongjie Yon (Technical Officer, WHO/EURO) and Sharon Miller (AFSM-EUR) presented the work of the Network from a Regional Office perspective. The European Region is very diverse and has addressed the issues through several events,

focused on a common vision: a Europe where everyone can age with dignity, purpose, and good health. Efforts to achieve this vision are based on four core action areas: revolutionizing our commitment to prevention across all ages, creating environments where everyone can thrive at any age, transforming our care systems and challenging ageism.

A line up of three speakers followed: **Emer Coveney** (*National Programme Manager at Age Friendly Ireland*), **Leah Behrends** (*Assistant Project Manager, Age-friendly DC*) and **Christine Young** (*Chairperson LG Pro WA Network Age Friendly Communities / Director International Federation on Ageing, Western Australia*). They shared a rich array of experiences, the details of which can be heard in the video recording of the webinar (*see the link under "The material of the webinar"*).

Emer focused on the institutional structure for the promotion of healthy ageing at the different levels of governance in Ireland, Leah highlighted the successful use of social media and other new technologies in the Washington DC programme (and linked to that the need to help older people to develop digital skills) and Christine drew attention to the challenges one may meet in developing programmes for age-friendly communities, an issue that was elaborated in the ensuing discussion.

The second part of the webinar consisted of a diverse and interesting session of questions and answers in the chat box and on-line, raising a variety of issues such as: *Is the age-friendly cities and communities Network linked to WHO's healthy cities programme* (in short: yes); *How can challenges in the process of programme development be anticipated, and how can the digital divide be overcome?*

The webinar was well-attended, at its peak at 14:30 there were 55 participants, and 53 of them stayed connected until the end.

The material of the webinar (Recordings: speakers and gallery views, Chat, Audio Transcript, individual presentations, consolidated presentation) will be made available as soon as possible. We will send an e-mail to members on how to access it.

For those who want to get involved, the following information provides guidance:

Who can join the WHO Global Network for Age-friendly Cities and Communities?

- Any city, community or sub-national level of government in WHO's 194 Member States.
- Apply directly on Age-Friendly World (available in English, French, Spanish) using the on-line application form available at, <https://extranet.who.int/agefriendlyworld/application-form/>

What does it require?

- Commitment from the highest local political authority (e.g. Mayor)
- Use of a common methodology (engage, plan, implement and monitor)
- Sharing – including submission of one age-friendly practice annually

We thank the following for their support in making this webinar possible,

- Thiago Herick De Sá, WHO;
- Alexia Sapin, WHO;
- Sharon Miller, AFSM-EUR, Copenhagen;
- Sue Block Tyrrell, ExCom AFSM-Geneva;
- The IT staff of WHO for their support in facilitating this webinar is gratefully acknowledged.

Robert Bos

READERS' RECIPES

Red fruit Pavlova (Serves 6)

This recipe is reputed to have been created in honour of the Russian ballerina Anna Pavlova in Australia or New Zealand in the 1920's.



Ingredients

Meringue

180 g egg whites
360 g powdered sugar
1 cl lemon juice
15 g corn flour

Whipped cream

25 cl full cream
100 g icing sugar
1 vanilla pod

Topping

250 g strawberries
100 g fresh raspberries
100 g redcurrants
100 g blackberries or bilberries

Recipe

For the Swiss meringue

Preheat the oven to 100°C.

Heat some water in a saucepan to use as a *bain-marie*.

Place the egg whites in a bowl and whisk with an electric whisk. When they start to foam, gradually whisk in the sugar and place the bowl over the *bain-marie* while continuing to whisk. Cook the meringue until the egg whites are very stiff, then remove from the *bain-marie* and whisk again for a few moments to reduce the temperature. Add the lemon juice and sifted corn flour to the meringue, mixing gently with a spatula. Place the meringue in a piping bag with a fluted nozzle.

On an ovenproof tray lined with baking paper, first make a disc with the meringue to the desired diameter, then place rosettes all around the edge. Bake for 1 hour at 100°C (gas mark 3–4). The meringue should be dry. Leave to cool.

For the Chantilly cream

Place the cream in a cold bowl and whip until stiff. Add the icing sugar and the seeds scraped from the vanilla pod. Set aside.

For the garnish and finish

Rinse the fruit in clean water and drain carefully. Cut the strawberries in two.

Spread the whipped cream over the cold meringue base, then arrange the fruit harmoniously on top.

Vary the fruit according to the season.

Michèle Evans

NEWS FROM FORMER WHO STAFF MEMBERS' ASSOCIATIONS AROUND THE WORLD

News from the Global AFSMs

How can the Associations contribute to WHO objectives?

AFSM-HQ: As announced in our previous issue, the 7th Global Council of the AFSMs meeting was organized by AFSM-WPR in hybrid form on 25 November with approximately 40 participants representing the six Regions. We would like to thank Linda Milan and her team most sincerely.

The Associations reported on the progress made towards their formal recognition by their Directors and Regional Administrations as well as their efforts to respond to the demands of their members.

Emphasis was placed on the possibilities for the Associations to contribute to WHO objectives.

Collaboration with the WHO programme for the Decade of Healthy Ageing was suggested as a good example. Participants were informed about the preparation of a Webinar on Age-Friendly Cities and Communities. Organized on February 25 jointly by AFSM-Geneva and the responsible unit at Headquarters, the Webinar presented progress and challenges in different regions with the participation of AFSM members of the Global Council. *See page 17.*

As usual, there were many questions regarding WHO Health Insurance and once again there was insufficient time for participants to receive comprehensive answers. It was therefore decided that a special session of the Global Council should be organized in early 2025 to accommodate the requests of the Associations.

The 8th Council meeting will be organized by AFSM-EMR in June. We thank Hanaa Ghoneim most sincerely.

Jean-Paul Menu and Sue Block Tyrrell

Regional reports

AFSM-EMR: The windmill.

Former Director-General Dr Halfdan Mahler, during a visit to EMRO in the late 1970s, and while addressing the EMRO staff stated, *"WHO is a technical organization and has nothing to do with politics"*. Although that was many years ago, and it is true I am now old, I was deeply impressed with Dr Mahler and I have never forgotten his words. At that time, I was new to the Organization, however these words seemed to be the synthesis of the important role of WHO.

According to history, the need to establish a mechanism for international cooperation for disease prevention and control started in the 1800's moving through the years until 1948 when the constitution of the World Health Organization was approved and signed by the Governments.

Later, it became clear that this statement was an instruction to the staff of WHO to concentrate on their technical work, as politics will always be one of the challenges facing the Organization.

Reverting again to history, I know that the Organization has faced numerous political challenges over the years:

- First boycott of the Organization was in 1949
- A boycott of EMRO in 1978
- Withdrawal from the Organization
- Transferring countries to different Regional Offices for political reasons
- Non-payment of dues to the Organization
- Relocation of Regional Office due to political decisions

I had first-hand experience of the boycott of EMRO during 1978–79, some of the countries of the Region decided to relocate the Regional Office to another country. *“The WHO windmill”* – as I called it – went into action. Headed by the Director-General, the Regional Director, and the Diplomatic corps of Egypt, jointly they fought for the staff and ensured no harm came to them.

The Administration were calling regular meetings with the staff, reassuring us that all efforts were being taken not to affect us. Their promise was kept and the Regional Office stayed in Egypt.

Nevertheless, the Office had to be relocated from Alexandria to Cairo in the year 2000 for logistical reasons, not political, with almost 70% of the staff. Of those who could not relocate for personal reasons, at least 50% were later able to rejoin EMRO in Cairo. The remaining few were compensated fairly, and these colleagues were able to find excellent job offers thanks to their experience at WHO.

At the end of the official translation of Dr Mahler’s statement was: *“Staff working at WHO are the professional soldiers of health, facing all kind of challenges with a sure belief that there will be light at the end of the tunnel”*.

Finally, the World Health Organization will survive and will continue handling all kinds of challenges professionally. The staff will continue to be under the slogan *“ONCE WHO, ALWAYS WHO”*.

Hanaa Ghoneim President AFSM-EMR

AFSM-Africa: AFRO Retired but Not Tired: The AFSM-AFRICA report at the beginning of this year focused on activities related to the celebration of the Decade of Healthy Ageing (2021–2030). Indeed, we emphasize that *“Good health is more precious than Gold!!”*

The United Nations Decade of Healthy Ageing is a global collaboration, aligned with the last ten years of the Sustainable Development Goals (SDGs), that brings together governments, civil society, international agencies, professionals, academia, the media, and the private sector to improve the lives of older people, their families, and their communities. The WHO is responsible for leading international action and implementation at the country level.

At AFSM-AFRICA, our objectives are as follows:

- To promote the participation of all retirees in all four pillars of healthy ageing (Exercise, Healthy diet, Mental stimulation, and Relationships)
- To share the latest information on a survey about healthy ageing to motivate everyone
- To showcase good practices individually and as a group to encourage others to do the same
- To advocate for Country Healthy Ageing Ambassadors to act as role models for colleagues at the national level
- To organize local activities annually to highlight AFSM-AFRICA’s healthy ageing actions
- To collaborate with the Regional Office and participate in Healthy Ageing activities such as webinars and conferences.

AFSM-AFRICA has conducted a survey of its members to assess their health status. Most members are in moderately good health, and over 90% live with other family members and have good relationships. However, the details regarding their physical activities remain to be explored. To address this, we have

established a *Healthy Ageing Committee* with a platform to share ideas, activity reports, and photos. Members, including a few retirees at the country level, encourage each other to participate in joint activities such as walking and swimming. The Executive Committee and the general body have been motivated to stay active and showcase their activities related to the Healthy Ageing agenda on our platforms.

A Healthy Ageing Strategic Plan is under development, and we are working on the Healthy Ageing Newsletter, with the first edition scheduled for March 2025.

Kalula Kalambay President AFSM-Africa

Angela Benson AFSM-Africa Focal point on Healthy Ageing

AFSM-PAHO/AMR: Reflections from the New World.

Like everywhere else, our summer vacations – in the South – were affected by the announced withdrawal of the USA from WHO. In the Americas there is the additional concern that the AMRO budget constitutes only a third of the total. The other two thirds are InterAmerican, of which the USA pays about 60%. So, a similar regional move would be very painful. Argentina has joined the USA and others may follow.

Our members have indicated serious concerns about the impact on former staff. We issued a statement calming members, as neither the Health Insurance nor the Pension Fund depend on country contributions. Both are well funded for the next thirty years. Nevertheless, a reduction of budgets will affect the size of staff, and hence of future membership in the Association, as well as the resources of these Funds.

We sent a letter to our RD offering our full confidence, and the possibility of consultations as needed.

On a happier note, an agreement was reached in Bolivia with an important Health Provider so that the WHO insurance card will be recognized there. Members will still be responsible for the 20% co-payment, but in the past, and in most other countries, they also had to present a cash or credit card guarantee of full payment. Most, especially those who were recruited locally, simply could not afford this process. Some providers accepted letters from the local PWR, but that only works for planned interventions. We are looking to get similar arrangements in other countries at this time.

Hernán Rosenberg President AFSM-PAHO/AMR

AFSM-SEAR: sends their warm greetings to all AFSM members.

We in SEAR are steadfastly chugging along, reaching out and assisting our members in all aspects of their Pension, Health Insurance and life-style issues, sharing information and helping where we can.

We appreciate the recent webinar initiative on healthy-ageing by AFSM-HQ in collaboration with the WHO department responsible and the associated partners. We participated in the webinar on Age-friendly Communities and Cities, and we hope to develop further and build on this initiative and, ultimately, initiate some local activities.

We and our colleagues, like all of us, are deeply concerned about the impact of USA withdrawal on WHO, especially in financial and staffing terms, and fervently hope the Organization will weather this storm, as it has always done in the past. With our warm regards to all.

M.R. Kanaga Rajan President AFSM-SEAR

WHO Retirees' Representatives in Scandinavia (AFSM-EUR): Current activities and initiatives of our work-in-progress AFSM for the WHO European Region include:

- registering for non-profit status with the Danish Business Authority;
- since December 2024, hosting an informal Monthly Meet-up session for EURO retirees at Kafeteria, the café at the National Gallery of Denmark (*Statens Museum for Kunst*), on the first Wednesday of every month;
- participating with Dr Yongjie Yon, Technical Officer for Healthy Ageing at the WHO Regional Office for Europe, in the Global WHO Network of Age-Friendly Cities and Communities webinar on Tuesday, 25 February, aimed at, inter alia, involving former staff in local initiatives that advance age-friendly physical and social spaces in cities and communities;
- representing EURO retirees in the Zoom session of the Global Council of AFSMs devoted exclusively to SHI issues (date to be confirmed);
- planning an informal Zoom meeting in mid-March with the EURO/PAHO group of AFSM/PAHO to discuss potential areas of collaboration;
- exploring future collaboration with AGE Platform Europe, an EU-funded network of organizations of and for older persons in Europe that is actively battling age discrimination;
- ongoing collaboration with the Staff Association of the WHO Regional Office for Europe (EURSA) on shared issues, such as the taxation of UN pensions in Denmark.

Melodie Karlson, Sharon Miller and Jenny Madsen



Sharon Miller and Dr Yongjie Yon, Technical Officer for Healthy Ageing, EURO.

From left to right: Wendy Enersen, Marie-Francoise Boré, Jenny Madsen, Hanne Fjeldhoff, Christine Lund, Susana Louro.



AFSM CRUISE 2025

Prague, Dresden and the castles of Bohemia

**Unique cruise on the Elbe and Moldau rivers from 13 to 19 October 2025
(7 days, 6 nights)**



On the MS Elbe Princess, 5 anchors (5 star de luxe), 39 cabins, year of construction 2016

Itinerary : Prague, Slapy, Stechovice, Melnik, Dresden, Cesky Krumlov

During an exclusive itinerary, discover the hidden treasures of Bohemia. Let yourself be seduced by the cruising and the excursions to places where nature reveals all its charms along the Elbe and the Moldau. Visit the cities of Prague, Dresden and Cesky Krumlov, authentic and charming cities with a rich cultural and architectural past. The castles of Bohemia, symbols of nobility and aristocracy, properties of the illustrious Lobkowitz and Schwarzenberg families, housing unusual works of art.

(See the detailed programme on page 41 in the e-edition)

Highlights

- Sail aboard a paddle steamer, a CroisiEurope exclusive
- An exclusive itinerary sailing on the Elbe and the Moldau
- Moorings in the heart of Prague
- The Bohemian spirit of music, great aristocratic families and palaces
- Prague, the city of a hundred bell towers
- Nelahozeves Castle, one of the most remarkable in Bohemia

- Dresden the Florence of the Elbe
- Cesky Krumlov : The historique centre is an exceptional example of a small medieval town of Central Europe whose architectural heritage has remained intact (UNESCO heritage site).

“All inclusive” cruise

- Flights Geneva – Prague and return
- Cabin with air conditioning, shower, WC hairdryer, safe, telephone, television, Wifi
- Full board, including drinks at the table and at the bar
- Excursions
- Entertainment.

Price per person

Double cabins	upper deck	2'620 €
Individual cabins	main deck	3'550 €

For inscriptions

By e-mail: c.hager@bluewin.ch

or by post: Charles Hager, rue Marie-Therese-Maurette 5, 1208 Geneva, Switzerland.

Please note: The number of cabins on the ship is limited to 39. If you are interested, please enrol rapidly. Thank you.

IN MEMORIAM

Recent deaths¹ of former WHO staff members as reported to AFSM

Ali	Kim	29 Dec 21	Hill	Heather	Not Known
Almeida	Claudio Roberto	19 Sep 24	Korablov	Igor G	05 Oct 24
Amaral	Paulo Eduardo	14 Oct 24	Kumar	Surindar N	03 Oct 24
Amate de Esquivel	Esther	26 Sep 24	Lamerton	Norman Colin	07 Sep 24
Assaedi	Abdullah	06 Dec 24	Land	Sandra	09 Nov 24
Barbosa	Jorge	02 Nov 24	Martin	Carol	07 Oct 24
Basurra	Abood Ahmed	20 Feb 24	Moorhead-Feruzi	Jean A	Not Known
Bhardwaj	Ved Prakash	02 Dec 24	Mussnig	Gabriele	25 Jun 24
Bhardwaj	Sham Lal	02 Dec 24	Orieh	Linus	20 Nov 20
Collishaw	Neil Edward	10 Oct 24	Paris	Luis C	02 Dec 24
Cook	Angela F	26 Nov 24	Paz Fernandez	Rafael	08 Nov 24
Davies	John B	24 Aug 24	Perut	Galliano	11 Dec 24
De Azevedo	Antonio Carlos	12 Dec 24	Robbins	Albert Warren	14 Sep 24
Dorros	George L	06 Dec 24	Rodriguez	Aura	13 Apr 24
Effeich	Mary E	21 Nov 24	Seketeli	Azodoga	03 Sep 24
Eichner	Cheryl Lorraine	08 Nov 24	Sow	Abdourahmane	09 Dec 24
Garcia	Gilbert C	04 Dec 24	Tati	Tati	27 Oct 24
Goriup	Sergio C	21 Nov 24	Vasconcellos	Muriel	14 Sep 24
Gosset	Ignacio G	24 Nov 24	Wieboldt	Alfred C	16 Dec 24
Graziano	Celia B	12 Oct 24	Zollner	Herbert F K	24 Nov 24

The deaths were also announced of the survivors of former staff members: Abdou Dubois, Claudine; Blanchet, Jeannine; Chhatwal, Manju; Esimba, Marie; Gunn, Jean; Harrison, Helga; Molina, Johanna Maria; Plug, Elisabeth; Roch, Jacques Charles; Sanchez de Tejada, Magdalena Expedita; Vessereau Comby, Bernadette Marie Anne; Wasunna, Marigold; Widy-Kierska, Krystyna; Zahra, Jean Mary; Zerbo, Adama.

¹ The present notification of deaths was gratefully received from UNJSPF and covers Q4 2024. We have endeavoured to ensure that deaths already published have not been repeated in this list, however we apologize in advance if there are omissions or repeat entries. The editorial policy is to publish, once only, the names on the list of death notices we receive, and this regardless of whether an obituary has already been published; appears in the current issue; or will appear in a future issue. List includes former staff of *IARC, **ICC, ***PAHO, ****UNAIDS, *****UNITAID.

**David Cohen, born 6 May 1932 in Fez, Morocco,
died 22 January 2025 in Geneva, Switzerland**



Initially thinking of becoming a teacher, David undertook literary and philosophical studies. He followed, among others, the teachings of Emmanuel Levinas, a French philosopher. He retained a deep interest in reflection and great intellectual rigour.

He then studied medicine in Paris and returned to Morocco as a doctor at the Khemisset hospital.

Returning to France, he was a General Practitioner in Touraine and then in the Paris suburbs.

In 1972, he was recruited by WHO in Geneva as a scientific translator before joining the UN Joint Medical Service in 1976. After his retirement in 1993, he took up a position as an occupational physician at CERN for several years.

David's contribution to the Association is considerable.

It began 27 years ago in 1998 when he was co-opted by the then President, Rajindar Pal, to propose improvements to the functioning of the Association. His proposals were accepted, and he was elected President in 2000. He served two terms, notably establishing elections every two years alternating with the holding of General Assemblies. He fostered the independence of the AFSM from the Staff Association while maintaining strong administrative and friendly ties with it. He was also responsible for organizing influenza vaccination sessions.

Standing down as President in 2004, he did not abandon his responsibilities.

He represented retirees on the Supervisory Committee of the Staff Health Insurance until 2010, when this Committee was replaced by new bodies. In this context, he contributed to improving the reimbursement of long-term care.

In 2003, he "temporarily" took charge of the preparation of issue No. 51 of the *Quarterly News*. In fact, he would then stay on as the editor-in-chief for the following 59 issues until 2017! Supported by a strengthened editorial board, he gave it a new style and enriched its content and presentation, very proud to have obtained from the Administration that the cover be printed in colour. When the workload was becoming too heavy for him, our Association was very fortunate that Keith Wynn agreed to take over and transform the *Quarterly News* once again as you see it today.

In 2006 he began organizing annual trips for our members. Initially guided coach tours in Spain and Morocco, he later chose river and sea cruises. These trips continue and are now being organized by Charles Hager and Bunty Muller.

Finally, until the end of his life, David used his experience as a practising physician to write a regular column on a multitude of practical medical issues in our *Quarterly News*. His articles were highly regarded and reprinted by several other UN retiree publications around the world.

David well deserves the recognition of our Committee and the WHO retiree community.

On a personal level, David was my friend. His great literary and philosophical culture nourished our long peripatetic conversations throughout Geneva. Curious and amused by the behaviours he observed, he looked at the world with a realistic and ironic eye. He married Jeanine in 1958, and they had three sons. The accidental loss of their son Serge in 1992 was a very difficult ordeal.

We offer our condolences to his wife Jeanine, their sons Daniel and Gilles, and their grandchildren, Alexandre, David, Estelle, Gary, Jérémy and Laetitia.

Jean-Paul Menu

David Cohen

It is with great sadness that I learned of David's passing. He was one of the cornerstones of the health service and remained active until the very end. I have nothing but fond memories of David so kind, always attentive, and full of wisdom.

Each year, he organized the vaccination campaign with SHW, and it was always a wonderful opportunity to meet, chat, and catch up. I will hold him in my thoughts and extend my deepest sympathies to his family during this difficult time.

Caroline Cross AFSM member and former Director of the Department of Staff Health and Well-being.

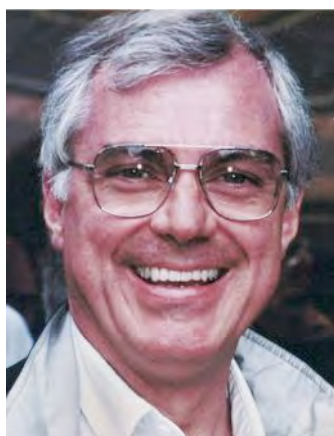


I was sorry to hear of the death of David Cohen – such a kind and thoughtful man. In 2007 David Cohen organized a trip to Morocco for a group of us WHO retirees. David took us to every lovely city in Morocco, beginning with Casablanca, on to Marrakech, Fez, Rabat and over the Atlas Mountains to Eassouira. We rode camels in the desert and spent a night in a “bivouac”. David generously shared with us the moving story of his family's Moroccan history and his rich knowledge of the country. In my many years of travel, this trip with David Cohen and WHO friends

remains one of my most delightful and enriching memories.

Carole Modis

George Leon Dorros, born 22 November 1943 in New York City, New York, died 6 December 2024 in Tucson, Arizona



George grew up in Washington, DC, and several different African countries. He graduated from high school in Rome, Italy. He completed both his Bachelor's degree (1969) and a Master's degree in Business Administration (1971) from the American University in

Washington, DC. During his graduate studies, he worked part-time at the Pan American Health Organization (PAHO).

George joined WHO as a consultant in January 1972, first as a Health Systems Consultant in Singapore and Malaysia. In July of that year, he was permanently assigned to WPRO in Manila, first in the post of Technical Officer/Health Systems Analyst. From 1975 to 1985 he was Management Development Officer in WPRO. During his time in

Manila, he travelled extensively throughout Asia and the Western Pacific for his work with WPRO and completed a doctorate in Organizational Development. His expertise was in formulating long-term governmental health plans in collaboration with local health ministries.

In January 1986 he transferred to WHO headquarters as Technical Officer to the Director of Information Systems Support. From 1989 to 1997 he served as Scientist in Strengthening of Health Services. He then took on the same post in Human Resource Development and Capacity Building until 2001, before completing his career as Scientist in Health Financing and Stewardship. During his time in Geneva, he continued to travel extensively for WHO, primarily in Africa, working in countries ranging from Guinea-Bissau to Zimbabwe. He retired at the end of 2003.

A natural born leader and facilitator, George had an extraordinary gift for connecting with others. His generous spirit radiated warmth, caring, and open-mindedness. He was adventuresome, loved to

laugh, and found joy in the simple pleasures of life. A dynamic and broad systems thinker, he was always eager to explore ideas, share dreams, and engage deeply with the world around him.

George will be greatly missed by his former colleagues, his friends and family – especially his

three children, his four grandchildren and his sister – but his legacy of embracing life and inspiring others will live on in the hearts of all who knew him and loved him.

Sybilla Green Dorros

Fitzroy Gregory Joseph, born 17 October 1929 in San Fernando, Trinidad, died 25 December 2025 in Florida, USA



Fitzroy Gregory Joseph was born to the late Doris Humphrey and Maillard Joseph in San Fernando. He passed away in Florida at the age of 95. In addition to his Medical Degree, Fitzroy pursued specializations in Public Health and Tropical Medicine. Dr Joseph's achievements

include establishing clinics in rural areas of Kenya, where he trained doctors, midwives and nurses; and working for WHO, where he supported health services for remote island populations in the Western Pacific. Dr Joseph also worked as a Team Leader and Advisor in the Africa Region and supported family health programmes across all of Sub-Saharan Africa.

In 1987 Dr Joseph came home to Trinidad and Tobago (T&T). He joined the Faculty of Medical Sciences at The University of the West Indies in Mount Hope and held leadership roles in multiple Health, Social and Welfare Advisory Boards, including the Family Planning Association of T&T.

Dr Joseph published books and articles in medical journals and newspapers. He also wrote poetry, short stories and essays.

Fitzroy Joseph is survived by two daughters Michele and Marguerite, his brother Michael and sister Leonora, grandchildren Uzodinma, Nosike and Nnamdi, great-grandchildren Yeshua, Onyebuchi, Chioma and Ozinna, a host of nieces, nephews, other relatives and friends.

Michele Claire Joseph

Socrates Litsios remembered

Leaving a strong legacy in WHO's Primary Health Care, malaria and environmental health areas, Socrates Litsios passed away on 5 May 2021. Some will remember him for his work in the Malaria Action Programme, others, going back even further, for his work in RECS and the preparations for Alma Ata. In the Forum section of the December 2024 issue of *Global Social Policy*, seven scholars and public health practitioners pay tribute to his work and life, including former WHO staff members Patricia Rosenfield and Robert Bos.

The issue can be accessed through *Global Social Policy* – Volume 24, Number 3, Dec 01, 2024 .

<https://journals.sagepub.com/doi/full/10.1177/14680181241279672>

A recently published tribute, see also the obituary published in QNT 124 July 2021

Jóhanna Lárusdóttir, born 2 August 1956 in Reykjavik, Iceland, died 2 August 2024 in Oxford, UK



When Jóhanna, the oldest of 8, growing up on the family farm, was taunted “*oh you’re a just girl, you’ll never become a doctor*”, she became one and wanted to go where medical help was needed the most.

When told MSF would only take French speakers, Jóhanna

studied French at Grenoble university, and got sent to Uganda, later to Pakistan, where, dressed as a boy or under a chaadar, they carried their medical supplies on horseback, along high mountain passes to North-East Afghanistan. 1988 saw her in Sri Lanka during the civil war, then she went to Harvard for her MPH, and a second Master in Population Science and International Health.

When the Balkan wars erupted, she was recruited by WHO EURO: building on her MSF past of field work in difficult situations, first she headed the Split office and provided backup to the Sarajevo office in Bosnia Herzegovina, then to Copenhagen coordinating all operations in the Former Yugoslavia. In 1995 in partnership with MSF she organized the “*First workshop on the role in health issues of international organizations in conflict areas of the countries of Former Yugoslavia*”, not only looking at health needs but particularly on coordination and complementarity of UN and non-governmental agencies in the field.

From 1997 for SEARO, she served as the Regional Coordinator for Disaster Preparedness and Emergency Response, dealing with natural disasters (the Odisha cyclone in 1999) or complex emergencies (the East Timor – now Timor Leste – crisis). In an interagency humanitarian effort, she also started up the WHO office in DPR Korea.

In 2000 she became deputy director in the HQ Emergency and Humanitarian Action Department (EHA), later also its acting Director. With her focus on front line health workers motivated by humanitarian principles and respect for human rights, she was instrumental in redefining and expanding the WHO Initiative of Health as a Bridge to Peace.

Unfortunately, in 2005 life forced Jóhanna to take early retirement. She had been a positive influence on so many lives, but when she fell ill she did so very privately with Martin’s dedicated love and support. When Martin retired, they moved to their home in Abingdon, UK, travelling frequently to Iceland.

In Martin’s words: So much for the dry bones of a career. I can’t possibly describe the wonderful character that propelled that career: the dogged hard work, the deep principled humanity, the warmth and kindness, the wit, the sense of fun and adventure. So, I won’t. Anyone who ever met her will know all that. Because of her blond hair, the Afghans called her ‘Nuri’ – light. I just know that I’ve lost my brilliant best friend, my light.

Martin Howarth and Xavier Leus

SUBMISSION OF OBITUARIES

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

The Editorial Board

WHAT OUR MEMBERS ARE DOING IN THEIR RETIREMENT

Organizing the weekly hike for the UNWG Hiking Group

After 20 very enjoyable years working in the Immunization Programme at WHO HQ, I retired early in 2018 so my husband and I could enjoy retirement together – while still in good shape.

But after a fulfilling career... how to have a fulfilling retirement? Time with family, travel, new experiences, doing whatever at my own rhythm, of course.

But something more... worthy? And fortunately, I discovered the United Nations Women's Guild. (See their website for more information www.unwg.ch).

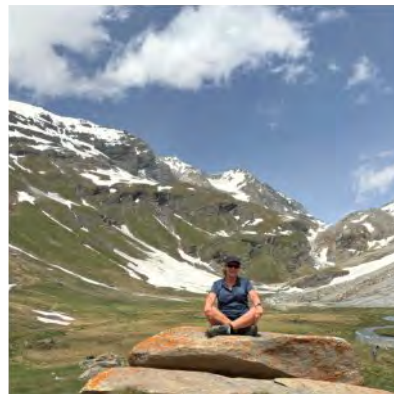
I now use experience acquired at WHO to participate in the annual review of micro-projects for approval for funding, AND to organize the UNWG Hiking Group every week. I couldn't be happier.

About the UNWG Hiking Group: We are a group of women from all nationalities, aged from 28–78, who share our love of the mountains, our life experiences, support each other when the going gets rough – both on the trail and off – and get an excellent weekly workout. We hike every Wednesday of the year. In spring we waltz through



A Wednesday hiking group on top of the Salève.

fields of daffodils and see the earth coming back to life. In summer, our hikes last all day, as we head off early to scale peaks of over 2,000m with stunning views of the Mont Blanc and other mountains. In autumn we witness the trees



The author by the Lac du Saut near Val d'Isère at the start of the 2024 Family Weekend Hike.

changing to gold and russet and revel in the chilly frosty and foggy mornings. And in the winter, we switch to snowshoes and enjoy wading through fresh snow to huddle together over our picnic lunch.

There is a second group that plans more moderate hikes most weeks, still covering distances of up to 16kms, and taking in points of cultural interest, but with less height gain for those knees that are feeling it.

In the summer we organize a Family Weekend away in France, Switzerland or Italy for around 40 happy hikers and family members, sampling the heights and beauty of some trails a bit further from home.

At present, among some fifty members, there are five ex-WHO staff members, all now in great shape and greater friends than ever.

And how can you become part of this wonderful group? By contacting me mayersgill@gmail.com, for information on what to expect and the equipment you will need to start safely with a hike and a group suited to your ability. Then, if you've enjoyed the experience and want to hike regularly with the group, by becoming a member of the UNWG <https://unwg.ch/about-us/#member>, which also gives you access to language, cooking, fitness and other classes likewise run by volunteers <https://unwg.ch/activities/#monthly>. I hope to see you with us soon, taking advantage of the exceptionally beautiful area we live in, and staying fit and healthy in retirement.

Gill Mayers (#WALKTHETALK)

AFSM SOCIAL EVENTS

Photos of the AFSM lunch held at the *Point du Jour* restaurant in Geneva on 19 February 2025. The article is on page 5, and more photos on page 2.



ART EXHIBITION IN PARIS, FRANCE

CIMABUE REVISITED (REVOIR CIMABUE)**From the origins of Italian painting****Louvre Museum, Paris****22 January – 12 May 2025**

The museum is open every day except Tuesday.

<https://ticket.louvre.fr/en/billetterie/3313>

Cimabue, whose real name was Cenni di Pepo, was a great artist (born in Florence 1240 – died in Pisa 1302) known, above all, for having been Giotto's teacher. Living in Florence, he absorbed its artistic trends and over the years he created a personal style, for which he is considered one of the fathers of Italian painting. Cimabue opened the way to naturalism in European painting. For the first time in the history of art Cimabue did not follow the canons inherited from oriental art, particularly Byzantine icons, he wanted his human figures to be hieratic, far from reality, he placed these figures in reliefs and volumes that created an innovative representation of reality.



In his paintings, he chose realism and thus brought them closer to ordinary people. In this first Louvre exhibition dedicated to Cimabue, the introductory part embraces the context of painting in Florence, Pisa and Assisi in the middle of the 13th century, still respectful of traditional rules, the context from which Cimabue evolved. It is in this setting that he strives to bring change. His style can be seen in two central works of the exhibition: the *Maestà* – belonging to the Louvre – and *The Mocking of Christ*. By *Maestà* we refer to a representation of the Madonna on a throne with her child and angels. These two paintings have recently been restored. The first, which is often called “the birth certificate” of European painting, was painted for the church of San Francesco in Pisa. In 1812 the painting was brought to Paris and exhibited at the Louvre in 1814. The second is a previously unknown panel by Cimabue, now classified as a “National Treasure”, which was discovered in Compiègne at the home of a pensioner who did not realize its importance. In the

Cenni di Pepo, known as Cimabue

The Virgin and Child in Majesty surrounded by six angels (Maestà)
1280–1290, tempera on gold ground on poplar wood.

Image: © C2RMF / Thomas Clot. Musée du Louvre

Maestà, a monumental work (4.27 m x 2.8 m), Cimabue bears witness to his aspiration to humanize holy figures and his illusionist quest, particularly in the rendering of space, with the throne viewed from an angle.

The restoration also allowed us to discover the variety and subtlety of the colours, the rediscovery of many details hidden by over-paintings that highlight the fascination of Cimabue and his patrons for the Orient, both Byzantine and Islamic, such as the red border covered with pseudo-Arabic inscriptions and the oriental textile that adorns the back of the throne. These two paintings, whose latest restorations were completed at the end of 2024, constitute the starting point of this exhibition, which, by bringing together around 40 works, aims to highlight the extraordinary variety of his style and the incredible invention by which Cimabue renewed painting. He displays the fascinating story of a beginning. With Cimabue, the conventions of representation inherited from oriental art, particularly Byzantine icons, so prized until then, gave way to an inventive painting, seeking to suggest a three-dimensional space, figures in volumes and modelled by subtle gradations, articulated limbs, natural gestures and human emotions.

He also developed a narrative energy that was previously thought to have been initiated by his flamboyant successors, Giotto and Duccio, his students. They were so well trained during their period of apprenticeship with Cimabue that they display in their works the innovations initiated by their master. At the end of the exhibition their paintings are displayed, to complete the circle of this prodigious period of European painting.

Laura Ciaffei



Cenni di Pepo, known as Cimabue

The Mockery of Christ

around 1285–1290, painted on poplar wood

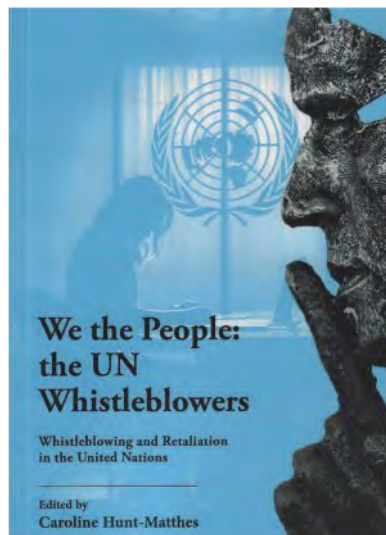
Image: © GrandPalaisRmn (Musée du Louvre) / Gabriel de Carvalho

BOOK REVIEWS

We the People: the UN Whistleblowers

Whistleblowing and retaliation in the United Nations

Edited by Caroline Hunt-Matthes



Published: 16 September 2024
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 Format: 21 x 14.7 cms
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 Irene Publishing
 Sparsnäs 1010
 66891 Ed, Sweden
www.irenepublishing.com
 ISBN: 978-91-88061-76-8
 Available from:
<https://www.lulu.com/>
 26 Euros

This is, by necessity, a patchy book consisting of 9 chapters recounting various episodes of whistleblowing including those by victims themselves. I have no personal knowledge of the authors except Yves Beigbeder who passed away in 2023.

As the first author points out *"whistleblowers are people who speak out in the public interest...about corruption, abuse or dangers to the public"*. The first chapter – an Overview of the UN Structure – is an excellent description. As the authors mention *"any organisation that deals with money, power and people is susceptible to corruption and scandal, and the UN is no exception"*. There are some inherent faults in the structure of the UN – the internal appeals processes do not have any power of enforcement, there is a tremendous inequality of power and resources between the Organizations and the victims, the hierarchy is often based on *kowtowing* to superiors, and the perpetrators of abuses are seldom punished or fined.

Chapter 6 is a description of the internal oversight functions in the UN system and Chapter 8 deals

with the immunity enjoyed by the UN and their high-ranking staff for national law-breaking.

Regarding individual cases, Chapter 2 deals with the case of a Swedish diplomat/employee who tried to bring to attention sexual crimes committed against children in an African country and how he was hounded. Chapter 3 deals with a similar case but in Sri Lanka. This chapter, although too long, brings out the unholy collaborations among high-ranking UN staff – some names would be familiar to readers – in an attempt to silence the whistleblower. In many of these recounts, UNHCR appears singularly prone to ethical lapses. Even the Secretaries-General do not come across as honest leaders of their Organizations. The next two chapters are devoted to sexual harassment charges and the attempted exoneration of guilty parties by superiors.

The chapter on *Moving Forward* is probably the least valued and inward looking. The author demonstrates to an acute degree the Dunning-Kroeger syndrome, which many of us suffer from – an assumption of her own competence unsupported by any evidence. The author asserts her own *"exceptional achievements"* and *"creative leadership"*. She simply quotes some management books and articles outlining the need for excellent leadership but does not say anything about how to select or achieve these qualities.

Also the cultural differences or the political realities of both national and international politics are totally ignored.

In conclusion, the book will give some insights but fails to make a case for moving forward. The current struggle for countries to gain a toehold in appointing high-ranking staff in the UN has not been touched on.

Dev Ray

We the People: the UN Whistleblowers

Whistleblowing and retaliation in the United Nations

Caroline Hunt-Matthes, the author/editor of this book, while respecting our reviewer's opinion has requested that we publish the following review as a balance.

Dev Ray, who reviewed the book for the *Quarterly News*, generously agreed to this, although standing by the views he expressed in his Book Review on the previous page.

"If it didn't exist, we would invent it" is oft said about the UN. It has grown from about 300 staff in 1946 to over 130,000 employees in 2023. The institution is far from perfect and is particularly challenged in current times, given multiple funding cuts and certain 'united' nations treating it with impunity and even deliberately trying to roll back progress.

Hunt-Matthes' book might be seen to present a bitter tone at this moment of history, but it is also a timely and nuanced glimpse inside the UN when questions of reform can usefully be asked and revisited.

Why does UN have its own, and Kafkaesque, system of internal justice? Is it appropriate that so many UN staff have diplomatic immunity? Has the creation of a multiplicity of offices dealing with ethics and internal investigations, often one per UN organization, led to inefficiencies and conflicts

of interest? Why is it so difficult for UN employees to make a complaint/appeal, and so unlikely that they will get justice or even be protected in the process? This book raises and addresses these issues.

The handful of individual case studies appearing in the book are a catalogue of personal odysseys, where the staff concerned have spent years tenaciously advocating their concerns.

I recommend the book for anyone wishing to understand the internal complexities and challenges of raising a complaint and managing them in the UN, bearing in mind the multiple agendas and political perspectives within the system – both institutional and individual.

David Sunderland Intermundia consulting,
<https://www.intermundia.org/blog#h.hit48oljp253>

UNDERSTANDING THE PAST 20 YEARS OF GPW's

The evolving focus of the WHO Global Programme of Work

Would you like to understand how WHO's global health strategies and priorities have shifted over the past two decades? This article breaks down the evolution of the **Global Programme of Work (GPW)**: addressing gaps, focusing on leadership, the Sustainable Development Goals (SDG), and measurable impact.

WHO over the past 20 years

The World Health Organization's Global Programme of Work (GPW) is a strategic document that sets the Organization's priorities and direction during a given period. It has evolved over the past 20 years and serves as a high-level "*roadmap*" for global health, guiding WHO's work in support of Member States and partners.

The GPW is developed through extensive consultation with WHO Member States, experts and key stakeholders, and is approved by the World Health Assembly.

Key aspects of the GPW include:

- **Strategic objectives:** Outlines specific goals and targets for global health.
- **Resource allocation:** Provides a framework for decision-making and resource allocation within the organization.
- **Biennial programme budget:** Forms the basis for WHO's biennial programme budget, which translates the strategy into deliverables and budget requirements.
- **Results framework:** Includes a results framework to measure progress towards its goals and targets.

The current, Fourteenth GPW (GPW 14), <https://www.who.int/about/general-programme-of-work/fourteenth> covers the period 2025 to 2028 and aims to reinvigorate actions needed to achieve the health-related Sustainable

Development Goals (SDGs) while also "*future-proofing*" health systems. Its overarching vision is to promote, provide and protect the health and well-being of all people, everywhere.

A brief summary of the major shifts in the WHO GPW over two decades and four successive versions follows.

GPW 11 to GPW 12: From "*bridging gaps*" to leadership priorities.

The transition from **GPW 11 (2006–2015)** to **GPW 12 (2014–2019)** reflected a shift from a focus on addressing gaps in global health responses to a more proactive articulation of WHO leadership priorities.

- **GPW 11** set out six core functions for the Organization and framed the global health agenda in terms of bridging gaps in social justice, responsibility, implementation and knowledge.
<https://iris.who.int/handle/10665/21117>
- **GPW 12**, while acknowledging the continuity of these challenges, shifted the emphasis to specific leadership priorities where WHO aimed to "*shape global health cooperation*". These include advancing universal health coverage (UHC), addressing the Millennium Development Goals, tackling noncommunicable diseases (NCDs), and strengthening health systems.
<https://www.who.int/publications/i/item/gpw-2014-2019>

This signalled a more proactive and targeted approach to global health challenges, with WHO taking a more prominent role in shaping the global health agenda.

GPW 12 to GPW 13: Embracing the SDGs and transforming for impact.

The transition from **GPW 12 (2014–2019)** to **GPW 13 (2019–2023)** marked a significant shift towards embracing the SDGs and transforming WHO's operational model to drive greater impact.

- **GPW 13** explicitly aligned its strategic priorities with the SDGs, particularly Goal 3: "*Ensure healthy lives and promote well-being for all at all ages*". <https://www.who.int/about/general-programme-of-work/thirteenth>
- **GPW 13** also introduced a set of "*strategic shifts*", these included: stepping up leadership at all levels, driving impact in every country through a differentiated approach, and Focusing global public goods on impact.

These shifts represented a move towards a more results-oriented and country-centric approach, with a greater emphasis on measuring impact and ensuring that WHO's global efforts translate into tangible improvements in health outcomes at the country level.

GPW 13 to GPW 14: Continuity with refinement and realignment.

The recent shift from **GPW 13 (2019–2023)** to **GPW 14 (2025–2028)** suggests a continuation of the strategic direction set by GPW 13, with refinements and realignment to address the evolving global health landscape.

- **Continuity: GPW 14** retains the overarching goal of "promoting, providing, and protecting health" and the commitment to the SDGs.
- **GPW 14** maintains a focus on measurable impact in countries and the use of the "*triple billion targets*" introduced in GPW 13 as key performance indicators, albeit recalibrated to reflect the changing health context. <https://www.who.int/about/general-programme-of-work/fourteenth>
- **Refinement and realignment: GPW 14** explicitly acknowledges the impact of recent global events, such as the COVID-19 pandemic, and incorporates lessons learnt from this experience.
- **GPW 14** introduces an overarching theory of change to articulate how WHO's work will contribute to achieving its strategic objectives. GPW 14 places stronger emphasis on data and health information systems, reflecting their critical role in driving effective health interventions.

GPW 14 builds upon the foundations laid by **GPW 13**, adapting and refining its approach to address the evolving global health landscape and to strengthen WHO's capacity to deliver measurable impact in countries.

Overall evolution

The WHO Global Programme of Work has undergone significant shifts in focus over the past two decades. The overall evolution from **GPW 11 to GPW 14** reflects a growing recognition of the need for a holistic, results-oriented, and country-centric approach to global health challenges.

While each GPW builds upon the previous one, they also adapt to address the changing global health landscape and strengthen WHO's capacity to improve health outcomes.

Tim France Consultant Technical Editor to WHO and Managing Director, Inis Communication

ART EXHIBITION IN EVIAN, FRANCE

19 April 2025 to 4 January 2026

Paris–Brussels, 1880–1914

Effervescence of artistic visions



Georges De Feure, *Le Jardin d'Armida*, 1897, watercolour on paper, private collection. Photo: Michiel Elsevier Stokmans



Léon-François Comerre, *Mademoiselle Achille Fould en Japonaise*, undated, oil on canvas, private collection. Photo: Michiel Elsevier Stokmans

Palais Lumière in Evian

Quai Charles-Albert Besson

74500 Evian, France

Website: <http://www.palaislumiere.fr/>

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

Opening days and times: open every day 10am–6pm (except Monday and Tuesday 2pm–6pm). Open on Tuesday mornings during school holidays and public holidays in France and Switzerland. A 15-minute walk from Evian train station, a 5-minute walk from the CGN Lausanne–Evian pier.

The new exhibition at the Palais Lumière in Évian is unprecedented in its scope and nature.

It presents an overview of the major artistic movements of the late 19th and early 20th centuries through nearly 400 works from a private collection. The exhibition allows visitors to wander through 11 artistic movements, and view paintings, drawings, watercolours, prints, posters, illustrated books and magazines by recognized and less well-known French and Belgian artists.

Paris–Brussels, 1880–1914



Alphonse Osbert, *Rêve du soir*, 1901, oil on canvas, private collection. Photo: Michiel Elsevier Stokmans



Pierre Vidal, Cover for *La Vie à Montmartre*, lithograph on paper, 1897, private collection. Photo: Michiel Elsevier Stokmans

AFSM CRUISE 2025 – DETAILED PROGRAMME

Prague, Dresden and the castles of Bohemia

**Unique cruise on the Elbe and Moldau rivers from 13 to 19 October 2025
(7 days, 6 nights)**

During an exclusive itinerary, discover the hidden treasures of Bohemia. Let yourself be seduced by navigation and excursions to places where nature reveals all its charms along the Elbe and the Moldau. Visit the cities of Prague, Dresden and Cesky Krumlov, authentic and charming cities with a rich cultural and architectural past. The castles of Bohemia, symbols of nobility and aristocracy, properties of the illustrious Lobkowitz and Schwarzenberg families, housing unusual works of art.



Day 1: Geneva – Prague



EasyJet direct flight,
11h00 Departure Geneva
12h30 Arrival in Prague.
Transfer to ship and
embarkation

Presentation of the crew and a welcome cocktail.
Dinner on board.

Day 2: Prague – Slapy – Stechovice



Navigation, in an idyllic setting, on the Moldau river to the Slapy dam. Enjoy the hills covered with forests on both sides of the river as the boat meanders along and appreciate the silhouettes of the castles, the rich culture depicting the history of the region and offering a romantic and relaxing landscape, typical of central Bohemia.



Once known for its gold mines, Stechovice is now

famous for its traditional handmade pottery.

The Slapy dam lake is a popular vacation spot for Prague residents and offers many water and relaxation activities.

Afternoon: Excursion to Konopiste Castle. Situated in a picturesque landscape, this 13th century fortress, completely renovated in the 18th century, was the hunting residence of the Habsburgs. The state apartments are still sumptuously furnished, and the castle also houses an impressive collection of medieval weapons and armory that belonged to the Archduke Franz Ferdinand of Austria. The castle was his last abode prior to his assassination in Sarajevo in 1914.

Free evening in Stechovice.

Day 3: Stechovice – Prague



Morning:
Navigation to
Prague.
On-board
conference
Arrival in the
Czech capital in

the afternoon.
Free time to stroll in the city.
Free evening in Prague.

Day 4: Prague

Morning: Guided visit to the old town of Prague. You will head towards the old town square with its pretty arcaded houses, today the busiest place in Prague, and the statue of reformer Jan Hus which was burned in 1415, the town hall with its famous Astronomical Clock which reveals every hour the 12 apostles, the Church of Our Lady of Tyn (exterior), the Ungelt passage, the merchants' courtyard. You will also see the Municipal House which is the most beautiful Art Nouveau jewel of the city and finally the Powder Tower, a Gothic monument 75 meters high; it was once used to monitor the road to Kutna Hora.



Afternoon: Excursion to the castle district. A symbol of the glorious past of the Czech people, the Royal Castle of Prague is at the heart of the country's political life since it is there where the President of the Czech Republic resides. Located on a hill overlooking the old town of Prague and the Malá Strana, this monumental ensemble emerges from a crown of gardens and roofs and deploys its long horizontal facade from which emerge the towers of

the cathedral and the cloister of Saint George. You can admire magnificent churches, St. Vitus Cathedral, Strahov Convent and splendid palaces, Cerni and Belvedere. Stroll through the historic streets.

Evening of traditional folklore on board.

Day 5: Prague – Melnik

Morning: Cruising to Melnik, at the confluence of the Elbe.

Afternoon: Excursion to Nelahozeves Castle. Visit one of the most beautiful Renaissance castles in Bohemia where 23 queens and princesses lived. The castle walls are elaborately adorned with Italian-style stucco and wall paintings depicting



scenes from the Old Testament and Greek mythology. It is also home to a rich, private collection of furniture and

paintings including works by Rubens, Velazquez, and many others, all belonging to the Lobkowicz family, the oldest and most eminent Bohemian noble family. Discover the luxurious lifestyle of the Bohemian nobility during the Baroque period.

At the end of the visit, you may taste a selection of wines from the estate.

Day 6: Melnik – Dresden

Full-day excursion to Dresden, a fantastic city known as the *"Florence of the Elbe."*

lunch included – driving time: 2hrs each way. Departure from Melnik, transfer by coach to Dresden. A relatively recent city with Slavic origin, Dresden became the capital of the Margravate of Meissen in the 13th century and the seat of the Dukes of Saxony in the 15th century. Dresden offers a wide variety of attractions, including magnificent



promenades on the bank of the Elbe, fascinating museums, monuments, and charming details.
Lunch in a local restaurant.



Afternoon: Guided tour of the Royal Palace, the former residence of the Saxon Dukes and Electors

and the Kings of Saxony. Today, we can revel in the splendour of its architecture and its collections, including the historic Green Vault, which contains the largest collection of treasures in Europe. After our excursion return to Prague by bus and start sailing to Prague city centre.

Evening: Gala dinner.

Day 7: Prague – Cesky Krumlov – Geneva



Buffet breakfast on board.

Disembarkation at 09.00.

2 hours by coach to Cesky Krumlov, the pearl of southern Bohemia. In 1992, the entire old town was listed by UNESCO. While meandering on the Moldau, one can

admire the escarpments of Sternberg Castle with its surprisingly coherent mixture of styles.

Lunch break.

Guided tour.

Leisure time to stroll round the town.

Departure of coach to Prague airport

EasyJet direct flight :

Depart Prague: 21.15 hrs

Arrive Geneva: 22.50 hrs

“All inclusive” cruise

- Flights Geneva – Prague and return.
- Cabin with air conditioning, shower, WC, hairdryer, safe, telephone, television, Wifi.
- Full board, including drinks at the table and at the bar.
- Excursions.
- Entertainment.

Price per person

Double cabins	upper deck	2'620 €
Individual cabins	main deck	3'550 €

For inscriptions

By e-mail: c.hager@bluewin.ch

or by post: Charles Hager, rue Marie-Therese-Maurette 5, 1208 Geneva, Switzerland.

Please note:

The number of cabins on the ship is limited to 39.
If you are interested, please enrol rapidly. Thank you.