

UN Special



TRANSFORMING WHO FOR THE NEXT 70 YEARS

N°779 - MAY 2018

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GARRY ASLANYAN

Rédacteur adjoint / Deputy Editor

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WHO: If it didn't exist, we would have to invent it

It has now been a few years that I have had the honour of editing the May issue of this magazine. This year is particularly special as 2018 is WHO's anniversary year. In 1948, WHO was founded on the conviction that health is a human right to be enjoyed by all people, not just the privileged few. It is my hope that after reading the stories and articles in this issue, you will be swayed that seventy years later, that conviction is as strong as ever. As we celebrate WHO's 70th anniversary this year, we have an interview from the Director General Dr. Tedros, who reflects on what has been accomplished in public health since the Organization's foundation and the role that we have played, and continue to play. We have brought you interviews and stories that bring diverse perspectives, most importantly from staff. It is always very gratifying to see the enthusiasm with which staff at WHO respond to the call for articles and stories and gives me a chance to meet colleagues and learn what they do or did in their capacity of WHO staff.

In a world of changed news and journalism, staff stories about staff matter more than ever. *UN Special* continues to be a vehicle for staff to share their views. ■

Si l'OMS n'existait pas, il faudrait l'inventer

J'ai depuis quelques années l'honneur de coordonner l'édition du mois de mai du magazine. 2018 constitue un anniversaire particulier pour l'OMS. En 1948, notre organisation a été fondée sur la conviction que la santé est un droit humain dont jouissent tous les peuples et pas seulement les privilégiés.

Je souhaite qu'à la lecture des histoires et des articles qui jalonnent ce numéro, vous soyez convaincus que sept décennies plus tard, cette conviction demeure aussi forte que jamais. Cette édition du 70^e anniversaire est célébrée notamment par un entretien avec le Directeur Général, Dr Tedros. Ce dernier fait le point sur les réalisations en matière de santé publique depuis la fondation de l'OMS et le rôle que nous continuons à jouer jour après jour. Nous vous présentons des entretiens et des récits qui abordent divers points de vue. L'enthousiasme du personnel de l'OMS à répondre à l'appel d'articles et d'expériences vécues est très gratifiant, et constitue une opportunité pour les rencontrer et apprendre à mieux connaître leur travail.

Dans un monde marqué par la rapidité du flux d'informations, il demeure essentiel de conserver une capacité à aborder les perspectives et attentes du personnel.

Le *UN Special* reste à cet égard, le meilleur support qui permet aux membres du personnel de partager leurs points de vue. ■

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Dr. Tedros in paediatric hospital in Brasilia, Brazil listening to stories from health workers, little patients and their parents.

Interview with Dr. Tedros, Director General, World Health Organization

The May issue of the magazine coincides with two important landmarks, one year since the election of the new WHO Director General and WHO's 70th anniversary. UN Special had an opportunity to interview WHO Director General Dr. Tedros Adhanom Ghebreyesus.

DR. GARRY ASLANYAN, WHO, DEPUTY EDITOR

Dr. Tedros, thank you for agreeing to this interview with UN Special. First of all, do you read or have you seen the magazine? Do you have any observations?

Thank you for inviting me to be interviewed for your magazine. I have certainly seen your magazine in our lobby areas at WHO but it would be dishonest of me to say that I read it from cover to cover! The May edition, with its focus on WHO, will be a good time for me to become more familiar with it!

This May issue of the magazine is dedicated to WHO and its 70th anniversary. It will also be one year since your election as Director-General. Almost a year in, what are the achievements that you are most proud of?

When I was elected to the office of Director-General last May, I was both proud and humbled. Proud to be leading an Organization which has led or contributed to so many public health successes: spearheading efforts to rid the world of killer diseases like smallpox and polio; fighting against deadly habits like tobacco use; and helping bring life-saving treatment for



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Secretary-General António Guterres (left) and Deputy Secretary-General Amina Mohammed (centre) meet with Dr. Tedros in New York, USA.

HIV to more than 20 million people. And humbled to be taking the helm at a time when the challenges are greater than ever before, with the shifting focus to noncommunicable disease such as cancer, diabetes and heart disease, the growing risks to health from climate change, and of course the looming threat of a post-antibiotic world, if we do not move quickly to fight the growing resistance to antibiotics.

I knew when I took office that there was no time to waste, so I moved quickly to make good on the promises on which I ran my election campaign. I appointed a diverse senior leadership team, bringing public health experience from all corners of the globe. More than half of them are women. I instituted an open-door policy, inviting staff to come and talk to me, on any issue, every Thursday that I am in Geneva. Around 100 staff have already taken me up on this, many of them

bringing their “crazy, creative ideas” that I encourage. What I have seen during my first year in office is a dedicated and committed workforce, not just in Geneva, but everywhere I go, a workforce that is hungry for the changes that will make us fit for purpose.

My major priority has been to fast-track the development of our next 5-year plan (our General Programme of Work for 2019-2023). In the past this process has taken 24 months; we’ve done it in 8. We need to act with haste both because of the urgency of the health challenges we face, and because I believe WHO needs to show we are good custodians of the trust and resources of our Member States. While our vision remains unchanged, to achieve a world in which all people enjoy the highest attainable standard of health, the GPW crystallizes a new mission for the Organization: to promote health, keep the world safe,

and serve the vulnerable. At the centre of our new plan is a commitment to three ambitious targets over the next five years, based on the Sustainable Development Goals: 1 billion more people benefiting from universal health coverage; 1 billion more people better protected from health emergencies; and 1 billion more people enjoying better health and well-being.

I’ve also made a priority of sharpening WHO’s work on emergencies. In the past 12 months WHO has responded to 50 emergencies in 47 countries, including plague in Madagascar, Ebola in the Democratic Republic of the Congo, cholera in Yemen and Bangladesh, yellow fever in Brazil and Nigeria and many more.

Other highlights from the first 12 months include building political momentum for universal health coverage, non-communicable diseases and tuberculosis and signing several new agreements with key partners.

What are the most difficult and challenging aspects of leading an agency of this size and global reach? Have you been able to narrow down the key bottlenecks that are preventing efficiency in the system?

In many ways, the size and global reach of our Organization are also its greatest strengths. Working from more than 150 offices around the world, we are very well placed to know what works and what doesn’t at country level, and

to work not just with governments but all players striving in their different ways to improve health, to make a difference. In early November, I met with all 148 of our Heads of Country Offices to get a clear sense of what they see to be their key challenges and how these can be overcome. This was just one part of the extensive consultation that I referred to earlier. What has resulted from these consultations is a roadmap for change that has several components: empowering and engaging staff so that each one of us is motivated to strive for excellence; identifying and scaling-up tools and best management practices that can help us work more efficiently and effectively; and redesigning our external engagement and partnerships model to drive sustained and adequate funding and collaborative relationships that enable us to deliver on collectively agreed public health goals.

The majority of staff are excited about your transformation agenda. But some are more cautious or cynical, pointing to the fact that previous transformations only resulted in more red tape and reduction in staff benefits. How will your transformation agenda be different? What have you identified as key to make implementation successful? How will you enable this?

Your question is a reasonable one. I am under no illusion that success with our transformation agenda is a given. Many staff have seen such

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Dr Tedros meeting this brave boy who survived plague in Madagascar.

transformation initiatives attempted in the past, not just at WHO but in other organizations too, with mixed results. If there is one thing that the last 12 months in office have shown me though, it is that there is a strong desire for change, throughout the Organization, and that there are many, many talented individuals working at WHO who will do their utmost

to make it happen. The critical factors for success are continuing consultation, respect for staff and their experience, positivity in the face of setbacks, and a shared understanding that we cannot afford to fail.

Finally, during the year of WHO's 70th anniversary, how can we use this opportunity to showcase to the world the

added value of the UN and WHO in particular?

That's a very good question and an important one. The UN remains as important today as it was the day it was set up, in the aftermath of World War II. The challenges confronting humanity today – peace and security, climate change, sustainable development and humanitarian and health emergencies – transcend national borders. Progress in these areas can only be made through concerted action at the international level. In 2018, the year of WHO's 70th birthday, we will use every available opportunity not only to celebrate the public health successes of the past, but also to look forward to the role that we will play in the future. We will continue to monitor health trends and outbreaks, bring together the world's top health experts to produce international reference materials and to make recommendations

that lead to better health for people throughout the world. We'll promote a healthy lifestyle from the very earliest ages, and we will continue to support countries in strengthening their health systems. On a personal level, I will continue the work that I started at the G20 Summit and UN General Assembly last year, to advocate at the highest political level for universal health coverage, or health for all. There is no doubt in my mind about the ability of WHO to transform, and to learn from the experiences of our first 70 years. I very much look forward to working alongside my staff to do just that. ■

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WHO's Staff Association: On guard to support staff

WHO Staff Association and its Committee play an important role in shaping the Organization's directions and plans. For this issue, we had a chance to have an in-depth discussion with the current President of the Staff Association Committee, Marina Appiah, whose term started on 15 December 2017.



The Deputy Editor interviews Marina Appiah.

DR. GARRY ASLANYAN, WHO, DEPUTY EDITOR

You have recently been elected as the President of the WHO Headquarters Staff Association Committee. But you are definitely not a newcomer to the staff association and its work. What made you decide to run and eventually get elected by the committee as President this time?

Yes, I am certainly not a newcomer to the WHO Headquarters Staff Committee and its work. I joined WHO in 2004 and have seen changes that are intended to make the Organization more effective and efficient but which have inadvertently hurt staff in subtle ways, and this, in turn, has led to unplanned costs for the Organization. These costs include consistent absenteeism of staff, increase in staff workload to the detriment of their health and/or family life etc., and an increase in appeal cases.

I joined the SC in 2013 and have had the opportunity to serve under four different Presidents. During this time, I have been exposed to the different avenues available to the Staff Committee to make meaningful interventions in a manner that positively impacts the lives of staff, while supporting the vision/direction of the Organization at the same time. The recommendations are presented to the Global Policy Group¹ through the Director-General for their consideration and approval; and the Federation of International Civil Servants Association (FICSA) which represents us at high

level meetings including that of the United Nations General Assembly. As I have a good understanding of these working arrangements, including an in-depth knowledge of staff policies and the related implications, I felt motivated and confident that I could lead, with the support of other Committee Members, the 66th Committee of the WHO Headquarters Staff Association.

So I ran the idea of standing for presidency by a few close friends to get a sense of what they thought of my personal strengths and weaknesses, and what they believed my chances of doing a good job would be. I did not get sterling praise from everyone but I was not discouraged by them either. The significant nudge was from a former President, who urged me to take my eyes off the sometimes nerve-racking demands of the presidency, and focus on the possible “wins” for the staff that I care about.

The Staff Association and yourself deal with a wide range of staff issues. What are the key issues of concern? How do you approach them as a committee and deal on staff's behalf?

That is true. The Staff Committee takes on any legitimate issue that impacts the working lives of staff. These include policy issues with potential negative impact on staff such as changes to the compensation package, the accessibility and impact of language classes, Mandatory Age of Separation (MAS), teleworking, timing of

separation from the Organization due to extended sick leave, restructuring in clusters or departments, respectful work place – just to name a few. Where the issue of concern may have a negative impact on the work life of staff members, and is detrimental to the work of the Organization, then, we take it on as soon as it is brought to our attention. These issues are normally flagged to us through e-mails, one-on-one meetings with staff and at all-staff meetings convened by the Staff Committee. We will intervene within our remit, or direct the affected staff member(s) to other bodies in-house that are empowered to address the specific issue of concern.

That said, for 2018, the Staff Committee at its annual retreat in March identified Harassment and Sexual Harassment, Career Development, WHO Campus and Workspaces, Geographical Mobility, ICSC Reform, and the terms of WHO's engagement with Consultants and Interns as key issues to be prioritized in our work.

While WHO has done well with gender equality recently, how do you think WHO is doing in terms of assuring a representative number of women and other diversity? Do you think top management represents the diversity of people that WHO serves?

Indeed WHO has been intentional about gender equality, and the one forum it has consistently used is the celebration of International Women's Day (IWD). This forum

has had male speakers share stories on unconscious bias in the workplace, and address the misconception of male colleagues losing relevance in the workplace as they choose to work with female colleagues on an equal footing. Staff shared stories on the increased levels of productivity where male and female colleagues work side by side. The recent IWD celebration at WHO started a conversation at headquarters about things that colleagues say, be they male or female, that are inadvertently derogatory and undermining to the contribution of female colleagues.

Linked to the above, WHO has recently revised its recruitment policy with the expectation that it will further empower selection panels for all positions in the professional category to recommend female candidates from different countries with the requisite qualifications and experience, and on merit basis, for job openings that come up.

The majority of staff are excited about the DG's transformation agenda. But some are more cautious or cynical, pointing to the fact that previous transformations only resulted in more red tape and reduction in staff benefits. How do you think this transformation agenda will be different? What have you as President of the Staff Association identified as key to make implementation successful? How will you enable this?

Any organization that is happy to stick to "business as usual" will become irrelevant in no time – so it is healthy that WHO undertakes transformation exercises every now and then.

Another thing, we need to bear in mind is that WHO is a Member-State-driven organization. So at the annual World Health Assembly (WHA) in May, the Secretariat headed by the Director-General reports back to Member States on actions, resolutions passed and directives given at previous WHAs. The Secretariat may also share challenges in the implementation of programmes, propose resolutions for changing the course of ongoing work and/or initiating new activities for consideration and approval by the Member States. They are interested in the reports given by the Secretariat, and often, the decisions/resolutions have "required the Director-General" to take one action or another to ensure that the Secretariat implements the policies it has set for the Organization.

The transformation agenda introduced by the current Director-General, this time around, does not seem to be externally driven – that is, it does not stem from explicit directives from our Member States. However, it serves as a means to an end – achieving the objectives of the approved Global Programme of Work (GPW 13). The agenda seeks to address the headquarters findings from the global staff cultural survey undertaken in November 2017.

Revisiting our transformation history, we can be forgiven for being cynical – as well-intended past transformation plans had been owned by a few staff members who brainstormed making us more

effective than we are. While these brainstorms have had some good outcomes, they sometimes translated into processes and ways of working that turned out to be more burdensome.

The other striking difference with this transformation agenda, is that this time around it is the Director-General urging his staff at all three levels to be actively involved in pursuing "the art of working seamlessly to make a measurable difference in people's health at country level". Staff are being offered the opportunity to partner with him in making this happen. Hence, Dr. Tedros is consistently soliciting input from his staff on how to make

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this work. The question is, are we willing to set aside our reservations about past transformations, give it our all, and see where this takes us?

As the Staff Committee, we are aware that there is a dedicated team at headquarters working with the Global Policy Group² in allowing WHO to showcase those areas of work where it is thriving, replicate these in programmes and at different levels of the Organization where possible, as well as identify mechanisms that prop up those areas where we are not doing so well.

Apart from the dedicated team working to come up with practical solutions to the findings of the cultural survey, the Director-General makes it his business to hold his Deputy Director-Generals, Assistant-Director Generals, Directors and coordinators accountable for revealing results from staff in their clusters. So at least, Directors in some departments at headquarters have held meetings with the sole aim of understanding the results of the cultural survey, and have asked their staff to not just highlight the issues articulated in the survey but to offer solutions for consideration.

Indeed, staff may have seen a reduction in benefits over time. However, under the leadership of the Director-General, a number of measures are being implemented such as a central fund purposely set up to empower teams to release their female staff³ for up to six months of maternity leave, the Organization absorbing the staff cost for two-months out of the six. He and his team engaged and continue to engage with the Staff Committee in demanding

from the International Civil Servants' Commission transparency and accountability in the methodology used in arriving at the current post adjustment for Geneva. For our part, the Staff Committee continues to analyse the complexities around the overall salary reductions and share our understanding with our colleagues.

The Staff Committee's commitment to the transformation agenda is dual: first as staff members, and second as representatives of the Staff Association. So, as staff, we contribute our quota to the vision in the department/cluster where we are. As staff representatives, we escalate issues to Senior Management, and if need be, to the Director-General's attention about staff concerns that are not being addressed by the dedicated transformation team and/or clusters.

Finally, during the year of WHO's 70th anniversary, how can staff use this opportunity to showcase to the world the added value of the UN and WHO in particular?

For our 70th anniversary, WHO plans to stage the "Walk the Talk: The Health for All Challenge" event on Sunday 20 May 2018. The event will be held over three connected routes ranging from approximately 3 kilometres, to 5 kilometres and then 8 kilometres in length, starting and ending at Place des Nations.

Marking the 70th anniversary is also an opportunity for the Organization to rethink how it communicates and shares its stories of the numerous health interventions around the globe, and the potential impact on the lives of those we serve. We as an

Organization need to invest in communicating and sharing the stories of the work that impacts on the health of vulnerable populations, and the multiple partnerships that make these possible.

This communication is important not only for the Organization and the people we serve, but also for the staff that work so hard making sacrifices and often taking risks simply because we are committed to the countries/people we serve. For example, during the Ebola episode in 2014, I know of a staff member who called her assistant into her office and asked her to sign some papers to ensure that her entitlements went to her only child should she not come back alive. In addition, I personally worked with a technical officer whose area of work sent him to countries where his life was constantly in danger, and where, for four continuous weekends in a row, he had no family life. Similar situations arise every day for many of our colleagues across the three levels of the Organization, and these stories need to be told. ■

1 The Director-General, the three Deputy Director-Generals and the Regional Directors of the Americas, Eastern Mediterranean, Europe, South East Asia and Western Pacific.
 2 The GPG comprises the Director-General, the three Deputy Director-Generals and the six Regional Directors of WHO.
 3 Continuing, fixed term and temporary.

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WHO EURO, 1978.



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Mrs. Mary Harper, speaking on behalf of the WHO Staff Associations, on the occasion of the celebration of the Fortieth anniversary of the World Health Organization, 1988.



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Mrs. Mary Roll-Vallanjon (Harper), now retired from WHO, 1978–2006.

70 years – an average lifetime

“My” Organization is 70. Just a couple of years older than me. It’s tempting to draw parallels about youthful energy and hopes for the future, maturity and meeting unexpected challenges, and becoming a senior citizen in a rapidly changing global environment.

MARY ROLL-VALLANJON, WHO, 1978-2006

WHO was 30 years old the year I joined in 1978. Flush with successes in the fields of smallpox and malaria, looking forward to a bright new world and health for all by the year 2000 that seemed at that point a long way off. I associate that year with the Alma-Ata (as it then was) Conference, and being a very junior staff member sticking 30-year commemorative stamps on all outgoing correspondence. E-mail had not yet been invented, and I was part of a team of three in the WHO Regional Office in Copenhagen who dared to approach the brand-new PCs.

By the time WHO’s 40th anniversary came around in 1988, I had moved to Geneva and become Chairman of the WHO Geneva Staff Association. In that capacity, I had the most significant professional and personal experience of my life, looking back on it 30 years later. I had the unprecedented honour to speak on behalf of all staff at the World Health Assembly that year. Thanks to Dr. Mahler’s vision of the key role that staff were playing in the success of WHO, we were able to give a voice to what might otherwise have been a grey and impersonal entity for WHA delegates, UN missions, and

all those involved in furthering the cause of international health worldwide. The diversity and strength of WHO’s human potential was highlighted. We were very few, around 5,000, but spread right across the globe in the regional and country offices and able to reach far and wide.

For the next 10 years, I had the privilege of serving on the Secretariat of the World Health Assembly and Executive Board, and although it was a sort of extracurricular activity, with hindsight I remember those short yet intense times as the most worthwhile and fascinating of my career with WHO. The true meaning of international cooperation is understood when working side by side with delegates, mission representatives and technical staff from all the world’s countries to achieve consensus around the text of a resolution, often late into the night. That is what working for the UN is all about.

For me this culminated in 1998 with the 50th anniversary of the Organization. We were treated to an unforgettable experience, placing WHO at the centre of global politics for a short afternoon. Two world-famous politicians were in the main assembly

hall at the Palais des Nations, one who had reached the last years of his career and one who had not yet embarked on hers: Fidel Castro and Hillary Clinton. There was a shiver of excitement and those present felt a small part of world history, privileged to witness a unique handshake.

These strong images remain always, and it is difficult to believe that 40 years have gone by since I first embarked on the adventure that is a career with the UN. We have gone from the first PC to Internet and a new digital world order. WHO has gone from the eradication of smallpox, now a disease of the very distant past, through the sudden shock of the HIV/AIDS pandemic, and on to the 21st century issues of the rise of mental afflictions and the waves of large-scale health emergencies.

A septuagenarian feels helpless and overtaken by events. Fortunately, unlike a human 70-year old, an Organization is constantly renewed with fresh energies and has within itself the ability to regenerate and adapt to changing circumstances, to meet the tough new challenges ahead. ■



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The World Health Organization at 70



Melville Mackenzie (left) with UK Chief Medical Office Sir Wilson Jameson, Geneva c. 1948.

Our life course is powerfully influenced by our early origins. The same is true of organizations.

DAVID MACFADYEN¹

Two aspects of the work of WHO today originate in events that took place seventy years ago: first, the 2018 World Health Day emphasis on health services derives from a prime function defined in the Organization's Constitution; and, second, WHO's role as international manager of global health – bringing together the expertise and resources of different organizations for the benefit of countries – stems from a formal cooperation established with UNICEF in 1948. At the centre of these two events was the British physician Melville Mackenzie (see Photo).

Mackenzie was one of a handful of WHO pioneers who had served in the Health Organisation of League of Nations (LNHO). These included Raymond Gautier (Switzerland), Yves Biraud (France), and Andrija Štampar (Croatia). They brought experience

from the League that was practical – Mackenzie on the organization of health services in Greece and Bolivia, and Štampar on rural health care in China. The contribution of Gautier and Biraud was also conceptual, the planning of a post-war health organization. They had maintained the work of LNHO during the war years and their joint draft of a preamble and constitution for a new organization found its way to Štampar and to Mackenzie, the latter now at the UK Ministry of Health.

In 1945, a post-war international health organization was formally proposed in a declaration by the Governments of China and Brazil at the San Francisco Conference that drew up the UN Charter. Gautier and Biraud's proposal for an 'international public health organization' was virtually identical to that presented by Štampar in 1946 to a Preparatory

Committee of named representatives of 16 countries who met in Paris to plan the new health organization. Gautier and Biraud made no claim to authorship and merely sought to see their scheme adopted. Mackenzie had developed drafting skills in the League which he deployed in Paris and, later that year, at the New York International Health Conference that drew up the WHO Constitution. A United States contemporary credits Mackenzie with the 'heroic' task of pulling together the Constitution of WHO as it emerged from Committees, Subcommittees, Working Groups and even a Harmonizing Committee. At the end of the Conference, Mackenzie signed the Constitution as 'plenipotentiary and representative' of the United Kingdom – authority that was unprecedented for a physician. Other countries were less prompt in adhering to the Constitution, with the result that WHO did not come into

formal existence until it was ratified by the twenty-sixth state (Belarus) on 7 April 1948.

During this delay, the newly-created children's agency UNICEF strayed into the domain of WHO by cooperating with countries in the field of health. An element of rivalry also crept in: the Polish physician Ludwik Rajchman, the former LNHO Director, was now the Executive Chair of UNICEF and relations with this brilliant but difficult man had become increasingly strained. A mechanism to contain this inter-agency rivalry was devised in 1948 during the first meeting of the World Health Assembly. The solution was to establish a Joint Committee on Health Policy drawn from the Executive Boards of WHO and of UNICEF, which Mackenzie was elected to chair. This formal partnership between WHO and UNICEF

continued for five decades, re-affirming WHO's role as the directing and co-ordinating authority on international health work.

Mackenzie's achievements received no recognition until a decade ago, when a biographical essay appeared. The title *Feed the People and Prevent Disease, and Be Damned to Their Politics* derives from a letter he wrote while developing a programme that combined famine relief with medical reconstruction in Russia in 1922-1923. Mackenzie's retiring nature is cited by author Zoe Sprigings as a reason for his neglect by historians. He was also a victim of historical amnesia about the League of Nations: 1946 was considered a time to be making a fresh start. Today, the League's legacy is emerging through a growing body of work. Its decade-long

cooperation with China was considered 'one of the most purely disinterested aid programs of the twentieth century'. Pierre Dorolle who served with the League in China from 1938 to 1940 went on to become WHO's first Deputy Director General. The initiator of the League's mutually-conceived and mutually-executed programme of technical cooperation with China, Ludwik Rajchman, was excluded from post-war discussions of a future health organization. In 1943 and again in 1946, he published his ideas for a United Nations Health Service, proposing that 'any policies to be adopted by the United Nations in the field of public health should have the sanction of consumers of health'. He also made alternative proposals for funding global health activities. Seventy years ago, these proposals were considered too radical. ■

1 David Macfadyen was foundation Chief of the WHO Global Programme on Health of the Elderly and, later, Director of Programme Management in the Regional Office for Europe. In retirement, he obtained a Doctorate in the History of Medicine from the University of Glasgow. The present article is based on his 2014 Thesis, *The Genealogy of WHO and UNICEF and the Intersecting Careers of Melville Mackenzie (1889-1972) and Ludwik Rajchman (1881-1965)*, and on Mackenzie's Papers (PP/MDM) in the Wellcome Library. He is currently writing a book with three retired UN colleagues on Eric Drummond, the first Secretary-General of the League of Nations, for publication next year on the centennial of the founding of the League and of the International Civil Service.



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UN Consultants: a convenient but crooked “staffing” solution

“A large proportion of the non-staff workforce is comprised of consultants as they are a particular group who respond quickly, flexibly and effectively to organizational needs.”



BY REPRESENTATIVES OF THE WHO CONSULTANTS MOVEMENT

A report prepared by the United Nations Joint Inspection Unit in 2014¹, estimated that around 45% of the total workforce of United Nations system organizations was working under non-staff contracts, with differential treatment inconsistent with good labour practices. Conditions are not much different nowadays.

A large proportion of the non-staff workforce is comprised of consultants as they are a particular group who respond quickly, flexibly and effectively to organizational needs. This article reflects principally on the situation of consultants based in Geneva, and in particular the World Health Organization (WHO) Headquarters.

Consultant definition and role

According to the UN Careers website, a consultant is often engaged “to work on short-term projects [serving as] a recognized authority or specialist in a specific field, engaged by the organization in an advisory or

consultative capacity”². A consultant is therefore considered as an independent contractor whose service is not recognised by the WHO/UN as an employer-employee relationship.

In this sense, consultants are typically cheaper (often more than half) than paying for staff and their associated benefits.

However, in the last decade or so, the financial constraints and the proportion of extrabudgetary funding has led to a dramatic increase in numbers of consultants who are not factored into human resource costs. Many consultants remain for extended periods (years) under renewable short-term contracts in longer-term assignments, sometimes with their roles transitioning to those of de facto staff, as they perform all kinds of functions, including technical, administrative, managerial and project-related work.

Consequently, many consultants feel that the lack of equity in working conditions makes them second-class employees.

The WHO Human Resources update on workforce data (as of 31 July 2017), presented a total of 2079 individuals holding a consultant contract (half in HQ) and 3736 individuals under agreement for performance of work – APW – contracts (1/3 in HQ).

Unequal conditions

Conditions vary between UN organizations: some organizations pay higher rates; others recognize the employee relationship as official and emit tax exemption certificates as for staff; other organizations provide health insurance or annual and sick leave. There is also variability of conditions for similar contracts within the same organisation, such as working hours and access to laptops, or having a desk or a fixed telephone line. Consultants may have to pay for their visas and required vaccines in case of duty travel. Starting or restarting a contract may be unexpectedly delayed, often at short notice, if there are hold-ups with systems and/or management.

Current system: UN system organizations do not have detailed analytical data on the profile and cost of the non-staff workforce, but the selection process tends to favour people immediately able to work in Geneva. This leads to an associated skew of nationalities due to complications with visas, and other obstacles, reducing the ability of consultants from low and middle income countries to work in Switzerland.

There is no system-wide framework for the use of non-staff personnel, and the modalities for employment in international organizations for consultants can be ambiguous, leaving many individuals in limbo.

WHO Consultants are holders of a type “H” *Carte de Légitimation* that does not exempt them from obligations towards the state/cantonal authorities (taxation, health and social insurance). Furthermore, the organisation is immune to the laws relating to employers and consultants significantly lack information and support on

how to fulfil their obligations as residents in Geneva. This results in a risk of penalties for consultants.

Given consultants are not staff, they typically do not have a representation or support from established staff associations and therefore find it difficult to bargain collectively.

Ensuring fair conditions to consultants in Geneva is an increasingly urgent issue, raised several times (including on local media), that the UN needs to resolve in terms of sustainability, consistency across organizations, and – above all – as an institution driven by values. The Joint Inspection Unit provided recommendations on the management of UN consultant workforce in 2000 as well as 2012, but unfortunately very little has changed since then.

In some cases, funding patterns and donor requirements drive contract precarity and (through fragmenting programmes), weaken the UN in the long term which face reputational risks, high turnover, lack of stable and motivated personnel, and a potential increase in legal charges.

Way forward

Consultants need recognition and the means to be productive under equitable conditions to reflect their role. They deserve better in terms of equity, representation and transparency.

The administrations of UN organizations are invited to:

- review situations where consultants cover long term functions, ensuring they have appropriate and fair employee status and opportunities for professional development in the Organization;

- ensure on-site consultants have basic working conditions such as **infrastructure** (work space and tools), **support and recognition for performing technical tasks** (visa, vaccines, acknowledgement), and **labour rights** (paid leave, maternity and sick leave, health insurance – a notable gap for an organization like WHO which promotes Universal Health Coverage);
- acknowledgement of the importance of consultants in the workforce, with appropriate support and management from human resources and representation by staff associations;
- align with the Swiss authorities to resolve loopholes and ambiguities, and provide clearer guidance for consultants, particularly on taxation. ■

Consultants from all organisations may wish to join the recently established *UN Consultants in Geneva Facebook Group* to allow them to connect with others in a similar situation.

1 https://www.unjiu.org/sites/www.unjiu.org/files/jiu_document_files/products/en/reports-notes/JIU%20Products/JIU_REP_2014_8_Final.pdf

2 <https://careers.un.org/lbw/home.aspx?viewtype=CON>

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Be the change you want to see!

Change Agents: a grassroots movement transforming WHO

How can we create a positive working environment so that WHO staff are enabled and supported to achieve excellent results in a complex world with inequity, new disease threats, and unpredictable political or economic events?

THOMAS O'CONNELL, RYOKO MIYAZAKI-KRAUSE, CHRISTOPHER JONES AND SEPIDEH BAGHERI ON BEHALF OF CHANGE AGENTS, WHO

Confronted with emerging challenges, WHO is 'creatively disrupting' the way it works by introducing a variety of exciting initiatives. Here we present one example, a work place effort run and led by staff, that aimed to change the culture. It shows how inspired leadership and motivated staff are working together to improve the work culture of WHO so

that it can meet its global aim of "Health for All".

The initial catalyst was a 2016 Cluster Climate Survey that discovered the following critical issues hindering a positive productive environment: lack of transparent and open communication, little coordination between departments, and few opportunities for professional development.

"Change is hard. It takes time and practice and it needs to

be supported. You need both grass roots and leadership. Sometimes it can be a difficult balance – the extra-curricular activities involved in bringing about change and the need to carry on with every day work. Sometimes people feel that there is not enough time and that it is not central to what we do. But I believe it is, if you can make changes that contribute to a good work environment then it affects and improves everything. In the end, everyone wins." says Franci Palen, WHO Headquarters Woman of the Year 2017.

In response, Cluster leadership called for volunteers to become Change Agents (CA). Bringing together interns, consultants, and staff, the CAs sparked a wide-ranging discussion on changing and improving the culture of the Cluster in the three areas which scored poorly in the 2016 survey – i.e.

communication, coordination and personal and professional development.

Discussions with colleagues show that values such as respect, trust, communication, transparency, teamwork, evidence and leadership strongly surfaced as areas needing tangible and credible improvement. To tackle this and foster a more respectful and effective workplace, CAs engage colleagues through a variety of participatory surveys and events, as well as talks during regular staff meetings, to contribute ideas, time and collective energy.

In search of practical solutions, the CA group has been open to new ideas encouraging innovative approaches. The CAs gathered information innovatively (e.g. posters asking for input on post-it notes, an open house, "flash" participation in

“Our goal is clear – to make WHO a modern organization that works seamlessly to make a measurable difference in people’s health at country level. Reaching this goal requires a shared vision... Most importantly, it requires a change of culture. A change of mindset.”

– Director-General (DG) Dr. Tedros’ address to the WHO Executive Board, 22 January 2018.

department meetings) to identify and discuss key organizational values. They conducted interviews and held focus groups to learn what staff needed to achieve personal and professional development. They offered department tours to enable staff to learn about colleague’s work and promote collaboration. They also supported the ‘Respectful Workplace Initiative’ of WHO. Current projects include a

review of project management challenges and G – P peer to peer working relations.

Although starting before the arrival of the newly elected DG and his team in 2017, the work of the CAs aligns well with his vision of a staff-led transformation.

“Only change that’s owned by staff will succeed.... Any enduring change at WHO will come

from the staff outwards... So, in order to fundamentally change WHO, first of all, we all need to individually open our minds for change. Because the mind is opened from inside. And two, we all need to collectively work together to open our organizations for change.”

– Dr. Tedros’ address to WHO staff, 3 July 2017.

CAs are distinguished by being a wholly staff-driven and volunteer movement to date. We are non-hierarchical and value each person as an equal contributor. We accept that people have more (or less) time to participate and welcome everyone who has an open mindset. Linking CAs more formally to the Global Transformation Team launched by the DG is under discussion. With an aim to stimulate interest

and replication of best practices within WHO, the CAs are pleased to see the movement growing now to involve several Clusters. The CA group has been accepted and encouraged by Dr. Tedros. It was exciting to learn that WHO Regional Offices have on-going efforts comparable to CA work, or are planning similar initiatives. Let’s all work together to make WHO a great place to work and at the same time achieve objectives.

CAs are gratified to represent a staff-driven approach from the ‘roots’ of WHO and will continuously adapt their approaches and efforts to best support a healthy workplace culture with increased productivity, high staff morale and retention of talents and expertise. ■



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Happy 70th Birthday WHO

BY SUE BLOCK TYRELL

*Seventy years young and definitely not retired,
Our Organization remains healthy and inspired
To continue its mandate set in '46, in the month of July
And still valid today, after 7 decades have flown by –*

*Striving for the highest attainable standard of health
For all the world's peoples whatever their level of wealth.
Much has been done but much lies ahead as diseases emerge
To threaten our security and populations to purge.*

*Past achievements are many and need more recognition,
With lessons learned kept in mind to strengthen our mission.
Many communicable diseases are now under control
Thanks to WHO's global coordination role*

*And its key International Health Regulations
Setting guidelines on reporting outbreaks across nations.
Special Programmes have stimulated research worldwide
On human reproduction and to stem the tropical disease tide.*

*Programmes on immunization and polio have gained
much renown
But smallpox eradication remains the jewel in WHO's crown.
WHO's programme on AIDS moved on to UNAIDS and
Other work incubated new initiatives now well-known
and grand,*

*Such as GAVI, the Global Fund to Fight AIDS, Malaria and TB,
With efforts on Health for All laying groundwork for UHC¹.
Many guidelines are well used and the Essential Medicines
List
Helps each Member State's decision-making and each
scientist.*

*MDGs, then SDGs set targets for agencies and nations
To improve the well-being of all the world's populations.
The WHO Framework Convention on Tobacco Control treaty
Was adopted by the World Health Assembly unanimously.*

*In response to statistics showing an important shift worldwide,
WHO now focuses more on the noncommunicable disease side,
But viruses still love to challenge our knowledge and skill
In responding to outbreaks before large numbers they kill.*

*Eight Directors-General for the 70 years spanned
Chisholm, Candau, Mahler, Nakajima, Brundtland,
Followed by Lee, Chan and now Tedros Ghebreyesus,
Helped by six Regional Directors and DGs Emeritus.*

*General Programmes of Work have reached number thirteen,
Which sets a vision for a new "triple billion goals" scene
"1 billion more people benefitting from UHC,
1 billion more people better protected from a health emergency,*

*1 billion more people enjoying better health and well-being
respectively",
Ambitious goals for the world's leading public health agency.
So, its important work remains vital for many years to come
And WHO needs strengthened resources, both staff and
income.*

*Thanks WHO for seven decades of work in which you can
take pride,
With numerous lives saved in many countries worldwide.
Well done dear WHO, many congratulations to you,
Bonne continuation, many happy and healthy returns too. ■*

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WHO: Bold steps for reducing gender bias in the workplace

WHO's commitment to gender equality and women's empowerment is evident in its programme work globally and in countries. But WHO's Director-General Dr. Tedros Adanom Ghebreyesus has taken an important step further in gender and women's rights.



© WHO/L.Chambost

Newly appointed Senior Advisor on Gender and Youth, Ms. Diah Saminarsih, leading the discussions and follow up on actions against the gender bias in the WHO workplace.

GAYA M GAMHEWAGE AND DIAH SAMINARSIH, WHO

Dr. Tedros has been vocal in committing his Administration's support for gender equality for WHO's own workforce. The Draft of the WHO General Programme of Work 13 (GPW13), which will define the Organization's work going forward, states: "WHO cannot work effectively on gender equality and health equity without turning the mirror upon itself. WHO is committed to inclusion, diversity and gender parity."

Early this year, the Director General appointed, for the first time ever at WHO, a Senior Advisor, Ms. Diah Saminarsih,

to lead and accelerate work on gender and youth. Led by Ms. Saminarsih, collaborating with the Staff Association of WHO HQ, the Office of the Director General, Office of the Ombudsman, Compliance and Risk Management and Ethics and Human Resources Management, WHO marked International Women's Day 2018 with an unprecedented and honest conversation about bias against women in the WHO workplace.

"With a strong commitment to align policies and actions, I believe WHO as an organization is now poised and well positioned to walk the talk on gender and youth related issues.

The discussion we had during International Women's Day has proven that the determination to push forward is there. Moving forward, I believe the responsibility to truly address gender bias rests on each of our shoulders. We are committed to build on the momentum created during IWD and materialize that into action," Says Ms. Saminarsih:

"While supportive institutional policy is required, the Organization will be stronger if each individual proactively helps the ongoing transformation of WHO which includes, amongst other issues, acknowledging and addressing gender and other

biases that exist. Both men and women, the Administration and staff, must work together in our programmes as well as in our workplace," she added.

It was concluded in the presence of senior management, that commitment to gender parity needs to be accompanied by creating an enabling environment for women in WHO to thrive in leadership positions, which requires commitments to work-life balance, career development and mentoring opportunities for women, particularly young women and a respectful work place free from harassment. ■

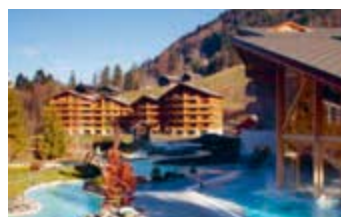
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A Holistic Approach to Professional Development

Most organizations in the UN Common System⁵ tout their commitment to their staffs' continuous learning and professional development.

GEMMA VESTAL¹, ALEXANDER SENCHENKO², CAROLINE SOUTHARD³, AND BRETT FITZGERALD⁴

Introduction

The United Nations common system is competency-based, meaning it relies on competencies, or “combination of skills, attributes and behaviors that are directly related to successful performance on the job” and uses them as a standard and metric for performance.⁶ The United Nations’ “commitment to continuous learning” is one of its eight organizational core competencies “considered important for all staff, regardless of their function or level.”⁵

The measurable qualities of the core competence of “commitment to continuous learning” include: 1) keeping abreast of new developments in one’s occupation or profession; 2) actively seeking to develop oneself professionally and personally; 3) contributing to the learning of colleagues and subordinates;

4) showing willingness to learn from others; and 5) seeking feedback to learn and improve.⁷

Organizations in the common system allot staff 40 to 80 hours per year for paid study leave for purposes of professional development, with the proviso that the study undertaken should be “relevant to the staff’s area of work” and beneficial to both the individual and department.⁸

Reasonably so, the human resources departments of common system organizations want to see return on investment for the classes, courses, training, workshops, and seminars in which staff partake. However, we argue for the acceptance of a more holistic development approach that may not be as obviously related to position tasks but can be just as valuable. We aim to highlight the benefits of broadening the scope of training to include learning opportunities focused on personal growth and

self-actualization. Some human resources departments in the UN common system have a limited vision of what professional development means, ultimately blocking the pursuit of opportunities for development and hindering the continuous-learning culture that they espouse to promote. The criteria for a worthy class, course, training, workshop or seminar should stretch beyond how the skills taught immediately contribute to a staff member’s department and consider the long-term, holistic results from which both individual staff members and their organizations will benefit.

Engagement in the workplace

According to a 2013 Gallup study, only 13% of employees around the globe are engaged, meaning only 13% are “emotionally invested in and focused on creating value for their organizations every day”.⁹ Meanwhile, 63% are not engaged, meaning approximately 900 million are disengaged workers around the globe who have lost touch with their underlying motivation, with the “why they do what they do” every day.¹⁰ This results in apathy, low morale, decreased creativity and ultimately poor performance and substantial losses for their employer. Since engaged staff is the lifeblood

of a preeminent organization, increasing workplace engagement is vital to achieving lofty organizational mandates.

The key to re-engaging staff members is to rekindle their “why” – why they pursued this path in the first place, why they wake up in the morning and come to work, why the mission of the organization resonates with them. A workplace environment that does not evoke these “whys” does not promote a culture of creativity and excellence but, rather, mere survival.⁹

Some examples, but certainly not an exhaustive list, of classes, courses, trainings, workshops and seminars that could help staff members rediscover their “whys” and that should be considered for the 5 – 10 day paid study leave for professional development are as follows:

1. Vipassana, an ancient meditation technique that focuses on eliminating mental clutter and attaining profound peace;
2. Yoga intensive courses from 5 to 10 days for physical, mental and spiritual calmness and strengthening;
3. Mediation trainings to improve the ability to positively contribute to resolving workplace issues;



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4. Coaching trainings that instruct constructive methods of leadership, change management, goal setting and conflict resolution in the workplace;
5. Non-violence trainings to teach practical methods of conflict resolution;
6. Neuro-linguistic programming course that teaches the influence of perspective in life experiences and how to positively change those perspectives.

Why new hires fail

The level of technical skills is the least important reason why newly hired employees fail. A leadership IQ study on “Why New Hires Fail,” found that after collecting data from 5,247 hiring managers from 312 public, private, business and healthcare organizations, the biggest reasons new hires fail are: 1) coachability (“the ability to accept and implement feedback from bosses, colleagues... and others”) (26%) and 2) emotional intelligence (“the ability to understand and manage one’s own emotions and accurately assess others’ emotions”) (23%).¹¹ Both are

skills and abilities that could be fostered through professional development programs. Human resources departments should understand the importance of these factors in enabling new hires to have a successful start within an organization and, thus, should find this a worthy investment. The return on investment for these programs would help to preemptively prevent these shortcomings and help integrate new hires in the organization, allowing them to build a career that will contribute positively to the United Nations common system as a whole.

Conclusion and recommendation

The approved development opportunities should shift the heavy emphasis from technical skills to softer skills that are essential to workplace contribution. These types of classes, courses, training, workshops, and seminars should be approved for the 5 – 10 paid study leave days because the expense of participation – the pay for these days – is minimal relative to an organization’s return on investment. While staff members are responsible for the costs of the programs

they pursue, the paid study leave days make these opportunities much more feasible, as they do not have to use their limited vacation days. The outcome might not be tangible or technical, but the overall effects on the lives of staff will be holistically profound. Staff would immensely benefit from reigniting their motivation, from rediscovering their “why” and their new sense of personal mission and vision, which in turn would be advantageous to their organizations. ■

avoid competition in recruitment of personnel and to facilitate the interchange of personnel. It applies to over 52,000 staff members serving at over 600 duty stations.”

- 6 “United Nations Competencies for the Future”
- 7 Office of Human Resource Management Department of Management United Nations, “UN Competency Development Guide,” (2010).
- 8 From the WHO form for paid study leave approval
- 9 Gallup, “State of the Global Workforce Report” (2013).
- 10 Change Your Mind, Create New Results™: The Neuroscience of Achieving Success,” (2017).
- 11 Mark Murphy, “Why New Hires Fail (Emotional Intelligence vs. Skills),” (2015).

- 1 WHO staff member who is currently released to serve as the General Secretary of the Federation of International Civil Servants’ Associations (FICSA).
- 2 Geneva-based author, motivational speaker, coach, and consultant who specializes in motivation and personal development.
- 3 Boston College student serving as FICSA intern.
- 4 WIPO staff member who is currently released to serve as the President of FICSA.
- 5 “The common system represents common standards, methods and arrangements being applied to salaries, allowances and benefits for the staff of the United Nations and a number of other international organizations. The common system is designed to avoid serious discrepancies in terms and conditions of employment, to

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WHO and historic global health landmarks



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1945

Diplomats meeting in San Francisco, California to form the United Nations agree that throughout modern history, there has been insufficient collaboration between countries to control the spread of dangerous diseases across the world. Together they decide on the need for a global organization overseeing global health and plan for the creation of WHO.

1946

WHO's constitution is drafted and then approved at the International Health Conference in New York City.

1947

WHO establishes the first ever global disease-tracking service, with information transmitted via telex.

1948

WHO's Constitution comes into force on 7 April – a date we now celebrate every year as World Health Day. Following the mandate established for it by Member States, WHO begins its first two decades with a strong focus on mass campaigns against tuberculosis, malaria, yaws, syphilis, smallpox and leprosy, among other communicable diseases transmitted from person to person or animals to people.

1952-1957

Jonas Salk and Albert Sabin discover, respectively, the inactivated wild poliovirus vaccine (given by injection) and the attenuated live-virus vaccine (given orally), paving the way for mass global campaigns facilitated by WHO that have led to the near-eradication of polio..

1963

The vaccine against measles becomes available, and the licensing of vaccines against mumps and rubella occurs during the six years that follow.



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1987

The first antiretroviral medication to control HIV infection and prevent it from progressing to AIDS is licensed, prompting a shift in WHO's priorities.

1988

The Global Polio Eradication Initiative is established at a time when polio paralyzed more than 350 000 people a year. Since then, polio cases have decreased by more than 99% because of immunization against the disease worldwide.

1995

The DOTS strategy for reducing the toll of tuberculosis (TB) is launched. At end 2013, more than 37 million lives had been saved through TB diagnosis and treatment under this strategy.

2000

At the Millennium Summit in September 2000, the largest gathering of world leaders in history adopts the UN Millennium Declaration, committing nations to a new global partnership to reduce extreme poverty and setting out a series of time-bound targets, with a deadline of 2015. They become known as the Millennium Development Goals (MDGs) and include specific goals for health.

2003

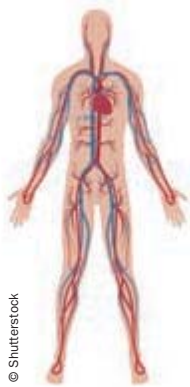
The World Health Assembly unanimously adopts WHO's first global public health treaty, the WHO Framework Convention on Tobacco Control, which aims to reduce tobacco-related deaths and disease worldwide.

2005

The International Health Regulations are revised, giving countries clear and tested guidelines for reporting disease outbreaks and other public health emergencies to WHO and triggering response systems to isolate and contain threats.



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1972

The Special Programme of Research, Development and Research Training in Human Reproduction (HRP) is created at WHO. It is the sole body within the UN system with a global mandate to carry out research into sexual and reproductive health and rights.

1974

WHO founds the Expanded Programme on Immunization to bring life-saving vaccines to all the world's children.

1975

WHO founds and begins hosting the Special Programme for Research and Training in Tropical Diseases (TDR), a global programme of scientific collaboration that helps facilitate, support and influence efforts to combat diseases of poverty. By 2016, five of the eight diseases the programme was created to tackle are close to elimination.

1978

The International Conference on Primary Health Care, in Alma-Ata, Kazakhstan, sets the aspirational goal, "Health for All", laying the groundwork for WHO's current call for Universal Health Coverage.

1979

Following an ambitious 12-year global vaccination campaign led by WHO, smallpox is eradicated.



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2009

The emergence of the new H1N1 influenza virus sees the world brace itself for the first influenza pandemic since 1968. WHO works with collaborating centres and pharmaceutical industries to develop influenza vaccines in record time.

2014

The biggest outbreak of Ebola virus disease ever experienced in the world strikes West Africa. The WHO Secretariat activates an unprecedented response to the outbreak, deploying thousands of technical experts and support staff and medical equipment; mobilizing foreign medical teams and coordinating creation of mobile laboratories and treatment centres.

2015

Delegates from around the world meet at the UN Summit to sign off on 2030 Sustainable Development Goals (SDGs), which apply to all countries worldwide and move beyond the MDGs. The SDGs maintain poverty eradication, health, education, food security and nutrition as priorities but additionally cover a broad range of economic, social and environmental objectives and the promise of more peaceful.

2016

WHO announces zero cases of Ebola in West Africa, but warns that flare-ups of the disease are likely to continue and that countries in the region need to remain vigilant and prepared. Under the International Health Regulations, WHO convenes the Emergency Committee, which concludes that a cluster of neurological birth defects (underdeveloped brains), that appear to be related to infection with Zika virus among pregnant women, represents a Public Health Emergency of International Concern.

2018

In its 70th anniversary year, WHO called on world leaders to live up to the pledges they made when they agreed on the SDGs and commit to concrete steps to advance Universal Health Coverage.



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The integration of surgery, obstetrics and anaesthesia within primary health care

This year, 2018, marks 40 years since the Declaration of Alma-Ata¹, a milestone that recognised the integral role of primary healthcare (PHC) in attaining the goal of 'health for all'.

LJUNGMAN D, THOMSON IK, INNOCENT S, JOHNSON WD, WHO EMERGENCY AND ESSENTIAL SURGICAL CARE PROGRAMME

Since that time, PHC has continued to grow in importance and is rightly considered a cornerstone of public health and patient care worldwide by playing a critical role in successes such as improved disease prevention through vaccination coverage, early disease mitigation by drug treatment and lifestyle counselling.² These things are often achievable only through the PHC hallmark of community- and patient-based approach to healthcare delivery. However, PHC must continue to adapt to meet the shifting challenges of global health.

For a long time, surgery has been overlooked as a component of public health. Current estimates show that 30% of the global burden of disease requires surgical care and anaesthesia.³ For the first time, surgery was included as an integral component of the PHC hub in the 2008 WHO report *Primary Health Care (Now More Than Ever)*.⁴ This is expected to increase

due to the ongoing global epidemiologic shifts from communicable diseases to non-communicable diseases (NCDs), due to improved standards of living and successful eradication programs decreasing the burden of communicable disease and concurrently, lifestyle changes and other factors causing a dramatic increase in non-communicable diseases (NCDs). The demand for surgical care and anaesthesia rises in parallel with this increase in NCDs primarily due to surgical treatment of injuries, cancer, and acute obstetric emergencies, with the corresponding need for anaesthesia.

Surgery has been shown to be very cost effective.³ Furthermore, it is estimated that 17 million deaths could be averted if surgical care was available, as well as preventing a far greater number of life-long disabilities.⁵ Access to surgery is, however, catastrophically insufficient in low resource settings. It is estimated that approximately 5 billion people lack access to safe, timely and affordable surgical care worldwide and an additional 143 million surgical operations are estimated to be needed each year.³ One key deficit is a qualified surgical and anaesthesia workforce and the solution for the foreseeable future is innovative ways of task-shifting or task-sharing. Importantly, some common surgical procedures could be handled by providers in PHC.

One model of surgical task-sharing implemented in both high-income countries and low- and middle-income countries (LMICs) is the primary healthcare physician (PHCP) proceduralist model. Successfully used in rural Canada and Australia for decades, PHCP proceduralists are typically PHC physicians who have completed additional training in maternal surgery, basic emergency and essential surgical procedures, and/or anaesthesiology.⁶⁻⁷ Another model is task-sharing of routine obstetrical procedures to non-physician PHC mid-level providers. This has been demonstrated to be a cost-effective way of providing safe, effective maternal surgical care in underserved rural populations in Tanzania and Mozambique.⁸ Additionally, the use of specifically trained nurse anaesthetists is common worldwide. These models of integrating essential surgery into PHC may be similarly beneficial in many countries where a low population density in isolated regions poses a barrier to delivering safe, timely and effective surgical

care or where the resources are too constrained to allow extensive referral systems and specialised care in tertiary facilities. This is particularly relevant in the context of emergency operations such as interventions for injuries or obstetric or abdominal emergencies where comparatively simple surgical procedures can be lifesaving.

PHC remains the foundation of healthcare worldwide, and surgery is increasingly gaining recognition as a cost-effective method of preventing premature death and disability. The WHO has made substantial advances in improving public health through PHC since the Alma-Ata. Improved integration of surgical services into PHC represents a viable model to combat the ever-increasing incidence and prevalence of surgically treatable conditions. To achieve the prioritized target of universal health coverage (SDG 3.8) within the Sustainable Development Agenda 2030, surgery needs to be recognized as an integral part of PHC and a worldwide area of focus going forward. ■

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“Si paramos nosotras, se para el mundo” Spain’s General Strike for Equality: A lesson for the world?

International Women’s Day (8 March), took on a different guise in Spain this year as women took to the streets in a massive, unprecedented nationwide “feminist strike” to highlight sexual discrimination, domestic violence, and the wage gap.

FERNANDO GONZALEZ-MARTIN, WHO Millions of women of all ages joined in a decision not to spend any money, go to work, or do any domestic chores for the day. In street marches across Spain, with aprons in the windows and armed with mops and brooms they sang:

IF WE STOP, THE WORLD STOPS!

The laws are there, the discourse is there, but the reality of gender equality remains an ever-elusive goal. With trade unions behind them, they observed a work stoppage which disrupted public transportation and many other non-essential services. General strikes are usually called to protest against poor working conditions and major governmental reforms, but not to fight for equality. This is why the events on the streets of Spain on 8 March 2018 will

go down in history and governments and feminist movements from around the world can use this example of women taking control of their lives and standing up for their rights to hold politicians accountable for their promises and policies to further strengthen movements with similar goals.

A feminist strike

The industrial action in Spain on International Women’s Day was a **feminist strike** “to paralyse all the different invisible tasks and activities that women usually do at all levels of society.” Women are saying ¡BASTA! to the daily visible and invisible violence, assaults, humiliation, exclusion and marginalization. The feminist movement strives to attain political, economic, and social equality of all people, it is the road to equality for all of society. For many feminism is misconceived as a “war” but essentially it is just a call

and fight for equality. Indeed, many gender inequalities are rooted in the traditional roles imposed by patriarchal societies where men are in authority over women in all aspects of society. True feminists have understood this since the 19th century and the results of their struggles have benefitted all of humanity, but much remains to be done and the women of Spain seem to be the new pathfinders in what seems an eternal struggle.

How was it planned and what lessons can be learned for the world?

The idea for of women striking for equality came from a feminist strike in Catalonia in Spain’s industrial north in 2015. The so-called “Vaga de totes” (in English “All women on strike”) was followed in 2017 by a nationwide strike. Following the positive outcome of the 2017 mobilization, feminist

collectives across the country started working together to organize the 2018 event with a view to expanding the movement, including international activists from Argentina, Italy, Mexico and other countries. An international commission has been set up to network with women from as many countries as possible “to simultaneously fight together against the patriarchal oppression.” The intentions of the organizers to internationalize the event were clear and the voices of women calling for equality were heard across the globe. The movement in Spain, however, was of a different magnitude. With the narrative changing, it is hoped that other women will be inspired to make it their own:

إذا توقفنا ، العالم يتوقف
如果我们停止，世界将会停止
If we stop, the world stops
Si paramos nosotras, se para el mundo
Si nous nous arrêtons, le monde s’arrête
Если мы остановимся, остановится мир ■

Work-life balance: What does it take at the UN?

UNCTAD's Women's Network¹ organized an informal meeting on "Work-life balance: What does it take at the UN?" on Wednesday, 7 March 2018.

STEPHANIA BONILLA-FERET, UNCTAD

Like others trying to juggle personal and professional responsibilities and ambitions, *work-life balance* is a topic that is of particular interest to me – even more so as I'm currently on an extended leave after the birth of my second child.

Parents here in Switzerland know that Wednesdays require a bit more logistical organization in terms of childcare. After some coordination, I found myself happily childfree for a couple of hours and was excited to be back at the Palais ready to engage in an adult discussion that didn't involve diapers or Paw Patrol.

Ms. Isabelle Durant, UNCTAD's Deputy Secretary-General, led the panel.² Most of the participants were from UNCTAD but the issues raised apply, I believe, across the UN. I should also note that we spoke a lot about what affects work-life balance *for women* at the UN. Maybe because in general, women continue to bear a larger part of the responsibilities at home which makes the balancing exercise with work more challenging relative to men – but that's a topic for another article. This is not to say, of course, that it is not an issue that male staff also struggle with and having more men

engage in the dialogue would enrich it. Lastly, the insights shared here are not my own but a brief account of what struck me the most from the discussion.

The decisions we take at home and at work and the changing circumstances that we face throughout our lives will require balancing different elements at different points in time (we may go for that promotion that requires more traveling, we may choose a partner who works outside the organization, we may separate from that partner and have increased financial and home responsibilities on our shoulders, if we choose to have children their needs will vary at different ages and as we grow older we may need to take care of our parents).

The issue of work-life balance at the UN cannot be separated from that of precarious contract conditions. The lack of stability and certainty both in terms of career prospects and in financial terms for the many workers in perpetual consultancy or short-term contracts limits the range of choices available to plan for the future.

Although there is more to be done, there is a general perception that the UN is moving

forward, and that staff have options to support their work-life balance, including: teleworking, flexible working hours, unpaid leave and working below 100%. These options are there to be utilized and, at times, it is up to us to have the courage to ask to use them. Having said that, staff need to be able to feel comfortable asking without the fear that doing so would be perceived negatively or have adverse consequences on career development. Managers have a key role to play in this respect.

Attaining a work-life balance comes at a cost, but it can be worthwhile and manageable under certain conditions:

Have a support network

We all need some help and moral support whether it's from our partner (who ideally shares responsibilities and supports our ambitions) family, friends and colleagues. For women in particular, it is important to be able to rely on other women's support and to have female role models and mentors.

Prioritize

Finding a balance is impossible if we want to do everything perfectly all the time. This requires setting boundaries (do we really need to answer that work email at 3 in the morning?)

Manage your guilt

When we want to excel in different spheres, we often feel guilty about what we are missing out on. When we are at work, we feel guilty about not spending enough time with friends and family or at home with our

children and the reverse is true when we leave work rather than stay longer at a meeting or do that extra bit of research. Instead of feeling guilty about everything, let's try and focus on feeling proud of ourselves for the things we are doing.

Love your job

It is a luxury to be able to ask the question, "do I love what I do?" but it is a crucial one. We dedicate a lot of our time and energy to our work, we should make sure that we are passionate about and enjoy what we do on a daily basis. Loving our job gives us that much more persistence and purpose to face the challenges that come with pursuing a work-life balance.

Promoting work-life balance at the UN will require organizational, managerial and personal commitments. UNCTAD's event is part of an ongoing dialogue that I hope will continue and become more inter-organizational. Let's keep the momentum going – any feedback or ideas on what else we can do to learn from what's being done across the UN and outside of it are welcome. ■

1 For more information contact womennetwork@unctad.org

2 The panel included Isabelle Durant, Deputy Secretary General, UNCTAD; Shamika Sirimanne, Director, Division on Technology and Logistics, UNCTAD; Chantal Dupasquier, Chief, Investment Policy Review Section and Woman Focal Point, UNCTAD; Marie-Helene Vanderpool, Senior Manager, External Relations, IRU; Annabelle Borg, Staff Counsellor, UNOG

A date for your diaries – Professor Peter Singer on Ethics and Technology

A public lecture at WIPO

On Friday 8 June 2018, Professor Peter Singer will give a Public Lecture on Ethics and Technology at the World Intellectual Property Organization (WIPO).

SARAH JORDAN, DEPUTY EDITOR

Described by the New Yorker magazine as the “most influential living philosopher”, Peter Singer is Professor of Bioethics at Princeton University and Laureate Professor at the University of Melbourne. He has written or edited over 40 books on topics ranging from altruism, bioethics, animal liberation, and the environment. He advocates utilitarianism, defined by Oxford dictionaries as “the doctrine that an action is right in so far as it promotes happiness, and that the greatest happiness of the greatest number should be the guiding principle of conduct”. He is co-founder of the association “The Life You Can Save”, based on the precepts of his book of the same name. It recommends non-profit organizations that have been shown to be highly effective in improving the lives of people living in extreme poverty, and encourages more effective giving. He tells us in very practical terms just what we can do to achieve this aim in a 2013 TED talk entitled “The why and how of effective altruism”, viewed to date by 1.6 million persons.

Professor Singer kindly granted me an interview on his forthcoming lecture, using a technological tool that we all take for granted in the developed world – Skype.

Professor Singer, could you give UN Special readers some insight into the aspects of ethics and technology that you will develop and expand upon in your lecture?

I’m interested in what the affluent world ought to be doing for the developing world and that’s clearly relevant to technology and intellectual property. There are issues about how we can make technology available at a price that people in developing countries can afford and particularly technologies that are important for them – a few years ago we had this issue with regard to antiretroviral drugs for HIV/AIDs, for example, and we need to ensure that the protection of intellectual property benefits the world as a whole. This is also a concern of the United Nations. The consequences of nationalistic policies such as Trump’s “America First” are serious.

My starting point is ethics, but this can be applied to technology – how can technology make development aid more effective in helping help people in extreme poverty, for example.

Is ethics training a good idea in your opinion – in the workplace or for young people?

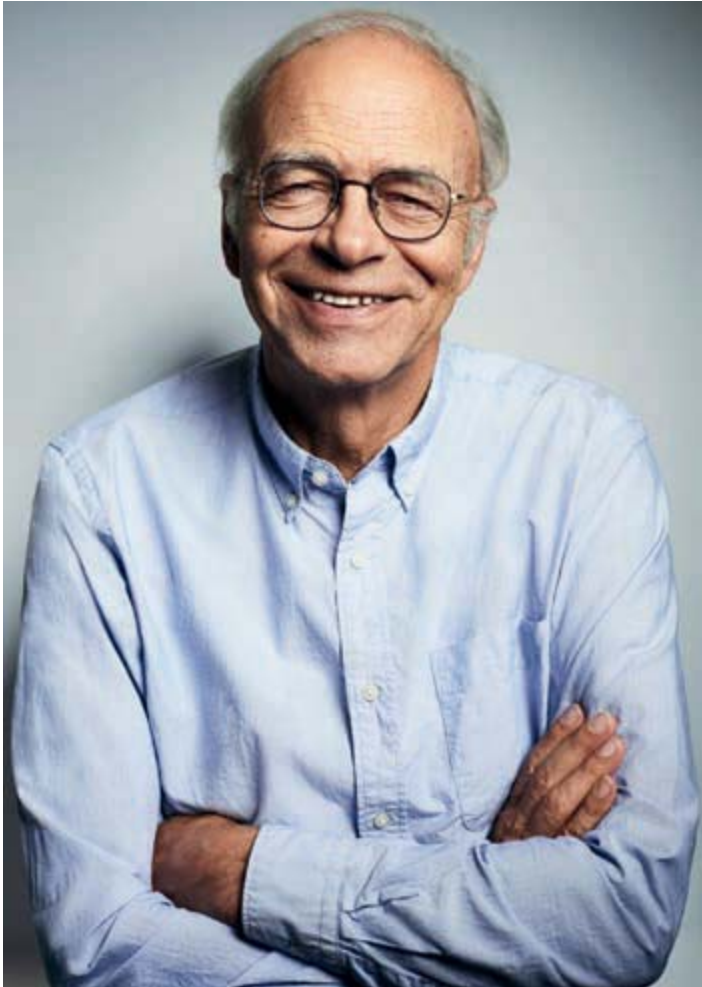
I prefer the term education to training. At work, when you join an organization, I would like to see something meaningful

that really stimulates people to discuss... not just choosing the right answer to multiple choice questions and moving onto the next one. Ethics should be more than that. Young people need to think about ethical questions too. It’s good to know about the history of thinkers and ideas – as it is about the history of just about anything for that matter – but for young people to think about problems and ask themselves questions is better. Career choices, for example: What am I going to do with my life? How can I make a positive difference to the world? Or what should I eat? Am I complicit in a system that causes immense suffering to billions of animals and aggravates climate change? I would like to challenge students to think for themselves rather than to ask them what Kant thought.

Can you tell readers more about the association “The Life You Can Save”, which you co-founded?

“The Life You Can Save” was founded in 2013 with the aim of making it easier for people to donate to the most effective charities. We present visitors to our website with a selection of charities that are recommended on the basis of the three E’s – evidence, efficiency and execution.

The annual report for 2017 has just been published and it is encouraging because it shows



© Denise Applewhite

Professor Peter Singer.

that the ratio between what we spend and the giving we direct to the most highly effective charities is 1:12. Our aim is to grow and to continue to re-direct a substantial proportion of the very large sums given for philanthropic purposes to the most effective organizations, where it can do hundreds of times more good than it often otherwise does.

Many of the charities we have selected use technology – the Against Malaria Foundation, for example, distributes long-lasting

insecticidal bed nets against malaria and smartphone technology to monitor their distribution. GiveDirectly is a charity that provides mobile phones to enable money to be transferred to some of the poorest people in East Africa. Ninety percent of what people donate goes directly to those who need it. Kenyans can pay for more things with their mobile phones than Americans can! This is essential to them because rural populations do not have easy access to banks. In agriculture, the One Acre Fund frees small farmers

ETHICS, TECHNOLOGY, AND THE FUTURE OF HUMANITY

WIPO Public Lecture by Professor Peter Singer

Friday 8 June 2018, 10.00 a.m. at WIPO

(34, Ch. des Colombettes, 1211 Geneva, www.wipo.org)

Languages

English/French (simultaneous interpretation)

The lecture is open to all: members of the diplomatic community, staff of the United Nations and specialized agencies, NGOs with consultative status to WIPO and the UN, interested citizens.

Attendance is free of charge, registration is required.

For registration and/or information, please send an e-mail to publiclecture@wipo.int

from dependence on unscrupulous people who cheat them on agricultural prices. Through a mobile phone app, they have knowledge of the market price for their produce and thus more bargaining power when they sell it. Development Media International uses technology for radio and TV campaigns on health issues to change behaviours and save lives...

Technology in general has tremendous potential for good, but potential for harm too. I am interested in how societies will cope with Artificial Intelligence and the unemployment it will inevitably lead to. There are trials underway in East Africa on universal basic income, but is there the political will to make this happen on a large scale? No place will be immune from automatization. These are interesting problems to think about.

And the role of the United Nations in all this?

I think the UN is a vital institution – it's very important that

the world works collectively. One of my books, on globalisation, is called *One World* (2002) and it was recently updated – the new edition is called *One World Now*. In it, I argue for the importance of global institutions working together on issues such as climate change, trade, development aid and humanitarian interventions to prevent genocide and crimes against humanity. These are world concerns that are also UN concerns. I very much regret that events such as the election of Trump have undermined global initiatives in all these important areas. I think we need to work hard to try to reverse that trend.

Professor Singer thank you. We look forward to welcoming you to Geneva in June and to hearing more about these very important issues. ■

For further information:
www.thelifeyoucansave.org

For practical information about the public lecture: www.wipo.org

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H1N1 in Mexico – Measures taken during the epidemic of influenza H1N1 in Mexico. Health brigades in Chiapas.

Pandemic Influenza: an evolving challenge

100 years after Spanish Flu that killed 3-5% of the global population.

SAM LOEWENBERG

The Pandemic Influenza of 1918: Remembering the flu that killed 3-5% of the globe

This year marks the hundredth anniversary of one of the largest public health crises in modern history, the 1918 influenza pandemic known colloquially as “Spanish flu.” The intensity and speed with which it struck were almost unimaginable – infecting one-third of the Earth’s population at the time, about 500 million people. By the time it subsided in 1920, an estimated 50 to 100 million people are thought to have died.

A Disease Worse Than War

There was nothing “Spanish” about the influenza epidemic

of 1918, which began during World War I and affected countries around the globe. The cost in human life eclipsed that of World War I: more American troops, for instance, died from flu – often caught on transport ships – than they did in the battlefield.

A Modern Disease

Although influenza has been with us for millennia, the virulence and global spread is in many respects a function of modern times. Urbanization, mass migration, global transport and trade, and overcrowding accelerate the spread of pandemics, which ignore national borders, social class, economic status, and even age. The Spanish Flu, for instance,



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H1N1 in Mexico – Measures taken during the epidemic of influenza A H1N1 in Mexico. The National Institute of Epidemiologic Diagnosis and Reference (InDRE) is the National reference Institute to diagnose Influenza in Mexico.

seemed to target young men between the ages of 20 and 40. Like many other diseases, influenza pandemics impact the poor the hardest. At the same time, they disrupt the economy and basic social functions like school and religious gatherings.

From Global Problem to Global Approach

In the wake of the devastation of the Spanish flu, the world came together to develop unprecedented scientific collaborations to take on future pandemics. In 1947, the WHO Interim Committee of the United Nations established a Global Influenza Programme to track the changes in the virus. In 1952 the Global Influenza Surveillance Network was officially launched, with 26 collaborating laboratories around the world. Today, renamed the Global Influenza Surveillance and Response System (GISRS), the network comprises 153 institutions in 114 countries. The sharing of viruses and

data among different nations is a critical tool in global efforts against both seasonal flu and pandemic influenza.

Predictably Unpredictable

Pandemic Influenza outbreaks have been predictably unpredictable in the years since – but always global, and needing a global response. One million people around the world died in a 1957 outbreak which started in China but spread globally, in part due to a large international conference in Iowa, USA. In 1968, another outbreak took 1 to 3 million lives. In 2003, A(H5N1) or so called Avian Influenza highlighted how the virus could pass from animals to humans, but it did not reach the pandemic stage because it did not pass from human to human. The 2009 “Swine flu” A(H1N1) pandemic, started in Mexico and spread to over 214 countries and overseas territories or communities. The world was lucky: it turned out to be even milder than some



© WHO/SEARO/Tom Pietrasik

Illustration of H1N1 pandemic preparedness in India in 2010.



© WHO/SEARO/Jonathan Perugia

The public slaughter of poultry in Indonesia in 2007 during the A(H5N1) outbreak.

seasonal epidemics. Researchers are always on the lookout, though, because the next outbreak may not be so mild.

Preparing for the Next Pandemic with New Tools, New Partnerships

WHO has worked closely with Ministries of Health, regional and national influenza research and surveillance centres, and pharmaceutical companies to develop a multi-layered approach to preparing for and responding to both seasonal flu

outbreaks and pandemics. Specific WHO programmes include the worldwide GISRS network, and the Pandemic Influenza Preparedness Framework, which helps developing countries access vaccines, antivirals, and diagnostics to both prepare for and manage pandemics. ■

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WHO Training open to all

New on-line training from WHO supporting countries during emergencies.

HEINI UTUNEN, WHO EMERGENCY PREPAREDNESS AND RESPONSE

During humanitarian crises and disease outbreaks, a fast response can make a huge difference to long-term outcomes. But is it not just immediate funding which is vital for handling public health emergency situations, but also the presence of staff who are trained and prepared for an effective response. With a view to providing the very best techniques, expertise and the latest information, WHO has developed a number of short online courses through a new learning platform (OpenWHO.org) developed for practitioners, response teams, volunteers and decision-makers on the front-lines of emergencies. Access is made possible by using low-band-width and off-line technology (including an App) so that life-saving knowledge can be accessed even in the remotest parts of the world.

Learning materials are used not only by WHO staff in the field, but also by Ministry of Health officials, other UN and partner organizations, as well as international and national non-governmental organizations.

OpenWHO provides the latest knowledge on hazards faced and priority public health actions that should be implemented. All introductory modules are also educational for the general public, students and travellers. The platform is open access and free for all

users, with more than 37,000 registrations from all over the world in just the past eight months since it was launched.

Dr. Tasnim Atatrah is a Public Health Officer with the World Health Organization, and has worked in the front-line response of many emergencies, such as in the occupied Palestinian territory, the Whole-of-Syria response in Jordan and Turkey, and most recently in Tunisia's support in Libya. Dr. Atatrah has taken OpenWHO courses on cholera, social science interventions, risk communication and the incident management system to ensure she has the latest information she needs to manage complex responses in dangerous conditions. Her testimony is both from a learner and trainer's perspective:

"OpenWHO.org gave me unlimited access to knowledge and skills, required for my work in emergency preparedness and response. I accessed the platform whilst working in the field, and not only was I able to refresh my knowledge, but also learn from the experts featured on the courses and acquire new skills. The platform was really easy to use and provides an online test at the end of each course which quickly measures your progress".

Dr. Atatrah also used the platform for training purposes, building capacity of partners involved in emergency services. Using the OpenWHO training



At a cargo warehouse in southern Turkey, Dr. Tasnim Atatrah of WHO Gaziantep monitors the delivery of kits with medicines and supplies for non-communicable disease. WHO will ship the kits across the border to clinics in northwest Syria.

© WHO/Sheahen

course on cholera preparedness and response in Arabic to train 40 health providers from northern Syria, she made the online learning mandatory for all participants prior to the event. "The online test at the end of the training helped us to assess gaps in knowledge and helped me focus on missing areas of knowledge during the face-to-face training, which we conducted in Turkey."

Actionable knowledge

"Our vision is to have useful and actionable knowledge for emergency response," underlines Dr. Sylvie Briand, Director of Infectious Hazard Management at WHO. "Previously we had information and courses in paper form only and not accessible from the field. Now this is available through OpenWHO, responders have access to knowledge to protect themselves when fighting deadly disease outbreaks".

"Since the Ebola outbreak of West Africa in 2014 and other major epidemics, we have recognized the need for a system that quickly transforms scientific knowledge into action on the ground," said Dr. Gaya

Gamhewage, Manager of WHO's Support for Response team in the Department of Infectious Hazard Management. "OpenWHO was born from that need".

OpenWHO was recently tested in real-time situations, such as during the plague outbreak in Madagascar and clinical management of diphtheria in the Rohingya refugee crisis in Bangladesh; the Lassa fever outbreak in Nigeria and the Ebola outbreak in Democratic Republic of Congo. The platform was accessible anytime, from anywhere, enabling materials to be produced and distributed at short notice to responders on the frontline, as well as those in neighboring countries.

Through OpenWHO, the Health Emergencies Programme hopes to save more lives and reduce illness and societal damage, by making epidemic, pandemic and health emergency response more effective, through efficient transfer of knowledge to the frontline. ■

For more information about OpenWHO visit: <https://openwho.org/>

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**GRACE L. SERVAIS,
RETIRED WHO STAFF**

These lines are not intended for people who were born in their ancestral village, where they live their entire lives and are buried in the churchyard. No, they are addressed to those (let us call them “nomads”) who were born in one place, then lived for months or years in various places and countries where their fathers – and often mothers too – were gainfully employed or resided for other reasons. Nomads generally find it difficult, if not impossible, to settle down permanently in any one location. Not for them an office life of back-biting, favouritism, jealousy, “red tape” or humdrum

routine, despite rare instances of fellow-feeling and even romance! Such itchy feet have those nomads that sometimes a seemingly trivial incident can set them off on their travels and alter the course of their lives.

This assertion calls for a true example. A 20-year-old English girl, who fits our definition of a nomad, has been working as a secretary in London for 2 years. In response to an invitation to attend a cocktail party, she goes to the party and meets a boy of her age from Geneva. The latter is struck by her fluent French (she had been the favourite pupil of her French mistress – much to the

disgust of her class-mates!) and advises her to perfect it at the *École pratique de langue française* of Geneva University. So that is what she did; and she has lived in Switzerland ever since: first in suburbs of Geneva and then in the Canton of Vaud. The seemingly trivial incident in this case was the girl’s receipt of the invitation, which she might have refused or ignored. In either case, she would not have attended the cocktail party and so would not have met the boy from Geneva. In the event, however, she **did** go to the party and **did** meet him! So the seemingly trivial incident drastically altered the course of her life. ■



Mrs. Grace L. Servais, retired WHO staff.

Note from the editor: Grace was one of the two people who conceived, created and published the first number of *UN Special*. The other person was Jack Spector (since deceased) – brilliant multilingual UN translator. At the time, Grace was a shorthand-typist in the English Pool, but ended her career in WHO as a Technical Editor. On 9th of April 2018 Grace celebrated her 90th birthday.

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Vertical farming, vertical forests and wood construction: it stacks up!

The pace and scale of urbanisation is rampant: the glow of city lights have come to symbolise progress but in the face of climate change, masses of concrete, tarmac and paving can render cities hostile.

LEONIE MEIER AND PAVITRA RAJA, UNECE

Further, air, soil and noise pollution, along with sweltering temperatures, pose severe threats to health and stability of our cities. Integrating green spaces into our cities is more important now than ever before – as emphasised by International Day of Forests. International Day of Forests is celebrated every year on 21 March to highlight that fact that “forests provide the solution to many of the sustainability problems that

we will face in an urbanized world,” – Ms. Olga Algayerova, Executive Secretary of the United Nations Economic Commission for Europe (UNECE).

The International Day of Forests celebrates and raises awareness of the importance of all types of forests. On each International Day of Forests, countries are encouraged to undertake local, national and international efforts to organize activities involving forests

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and trees. The theme for each International Day of Forests is chosen by the Collaborative Partnerships on Forests [<http://www.cpfweb.org/en/>] and this year the focus was aptly 'Forests and Sustainable Cities'.

The environmental and health benefits of forests and green spaces are well-known. Trees in the city serve as natural air conditioners, cooling the air by between two and eight degrees Celsius, and act as a carbon sink to help mitigate climate change. In fact, one large tree can also absorb 150 kilograms of carbon dioxide a year and thereby act as a carbon sink to help mitigate climate change and lower cities' carbon footprints. Further, integrating green spaces contributes to biodiversity and provide for habitat, food and protection for flora and fauna.

However, the world's population is expected to increase to 9.1 billion by 2050. Feeding all those people will mean increasing food production by 70%, according to the Food and Agriculture Organisation. With half the world's population already living in urban areas (and the number is set to rise to 6.5 billion by 2050), we are running out of areas to integrate green spaces into.

However, there is a solution to this problem: going vertical. Vertical farming, vertical forests and wooden skyscrapers could pose as innovative solutions to the growing ails caused by urbanisation. In a panel discussion, "Sky is the Limit" organised by UNECE/FAO Forestry and Timber Section and the UNECE Housing and Land Management Unit, together with the FAO Liaison Office in Geneva, eminent speakers

discussed that discussed the myriad mechanisms to integrate greenery into urban areas.

Ambassador Foo Kok Jwee, permanent representative of Singapore to the UN in Geneva, emphasised the importance of vertical farming as it optimises land use in land-scarce Singapore and can operate on minimal manpower as well as minimal inputs of water and nutrients. Vertical urban farming thus provides important opportunities for improving food security in cities, lowering the carbon footprint of food production and providing fresh local produce in high density cities.

Arch. Maria Chiara Pastore of Stefano Boeri Architetti shared the vision of Stefano Boeri, creator of Milan's emblematic 'Vertical Forest', an architectural design which integrates trees within building structures, thereby increasing tree cover in cities and creating a vegetal system that contribute to the construction of a micro-climate, produces humidity, absorbs CO₂ and dust particles and produces oxygen.

Dr. Michael Ramage, director of the Centre for Natural Material Innovation at the University of Cambridge, was instrumental in the design of the "Toothpick," a wooden skyscraper that could become the second-tallest building in London. In his discussion of "supertall timber," Ramage discussed wood construction involving cross-laminated timber, a material made of many sheets of wood glued and compressed together; it is stronger than steel and a viable candidate for building skyscrapers, he said. Further, wood construction requires less resources and construction sites are usually less noisy.

Forests in and around urban areas also play a key role in regulating water and thereby contributing to high-quality freshwater supplies for hundreds of millions of people. With 1.9 billion ha, corresponding to more than 40 percent of the total forest area, the UNECE region has more forests than any other region of the world. Hence, we could lead the way to integrating forests into cities – proving that when it comes to creating sustainable cities, green technology and ingenuity have no limits. ■

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Régénérer la planète, l'économie et la société

L'économie symbiotique

Au travers de sa démarche devenue livre¹, Isabelle Delannoy pose les jalons d'une approche économique à la fois nouvelle et récemment éprouvée. Au fil des pages, elle affirme une évidence: l'économie peut s'intégrer pleinement dans un modèle environnemental et non pas le contrarier.



CHRISTIAN DAVID, ONUG

Tous nos modèles économiques et fonctionnements, hérités de la révolution industrielle sont-ils obsolètes?

Tous ces modèles sont obsolètes. La planète a été davantage modifiée ces dernières décennies que depuis le début de l'humanité. La science ne peut pas prévoir les proportions d'un emballement futur du climat qui peut aboutir à un autre fonctionnement de la planète. Cette économie extractive a été mise en place depuis environ 5000 ans mais son impact a été multiplié avec les énergies fossiles. D'un point de vue économique, les concentrations de pouvoir, de richesses, sont telles que les flux financiers ne redescendent presque plus dans l'économie réelle. Elles ont pris la main sur nos démocraties et les mettent en danger. Je me suis intéressée à des modèles capables de régénérer des systèmes vivants économiques et sociaux qui ont pour conséquence de diminuer les impacts écologiques. Des logiques nouvelles sont apparues de manière isolées et il s'agit donc de les réunir. Elles vont de l'ingénierie écologique à la permaculture en passant par l'écologie industrielle, jusqu'à la gouvernance et sont d'une cohérence et d'une logique incroyables.

Vous démontrez que la nature régénère ses ressources et constatez que l'humain fait l'inverse. L'homme n'est-il pas "programmé" pour vivre dans la nature?

L'homme, comme les autres créatures vivantes, fait partie intégrante de sa planète: nous sommes constitués des mêmes molécules. Si la planète va mal, l'homme

aussi. La multiplication des cancers pour des causes environnementales, l'épuisement, montrent notre communauté de destin. Mon travail et ce livre ont changé profondément ma vision de l'être humain. Il fait partie du vivant mais il se distingue par sa capacité d'organisation et de conceptualisation. Il est capable de prendre conscience des spécificités des autres espèces grâce à sa faculté d'analyse. S'il reste une possibilité de réagir contre l'emballement du climat et l'effondrement du château de cartes de la biodiversité, ce qui n'est pas sûr, ces qualités pourraient faire la différence. L'humain est capable d'inventer un réseau qui connecte des intelligences grâce à une technologie appelée internet. Internet a ouvert une organisation nouvelle en abolissant la structure pyramidale de nos sociétés en modélisant tout bonnement le modèle de la nature.

«La vie n'a pas conquis le globe par la compétition mais par la mise en réseau»²

Imaginez que l'homme décide en réseaux, de mettre en place un système sociétal qui régénère et restaure nos territoires, il en a la pleine capacité, il faut juste qu'il le décide.

N'est-il pas utopique de penser que la symbiose de l'économie constitue une réponse à tous les maux de la terre?

La crise écologique est clairement liée à l'extraction incontrôlée et exponentielle des ressources. Le système symbiotique montre qu'on peut restaurer les écosystèmes en produisant des richesses. Une synergie avec

le vivant se constitue et crée une productivité que, ni les écosystèmes, ni l'humain ne possèdent chacun isolément. Par exemple, les stations d'épuration végétales sont très efficaces. Elles s'intègrent dans la cité, forment des parcs accessibles aux habitants, créent du lien social, et permettent le retour d'une biodiversité. Il a été démontré que les zones humides sont les plus productives de la planète. Alors imaginez un maillage sur la terre entière en intégrant les spécificités locales. Le système est moins onéreux, il restaure les équilibres naturels et crée de nouvelles filières économiques et locales. Vous avez des exemples en Egypte, au Sénégal. En fait, toutes les zones humaines génèrent des eaux usées, lesquelles permettent de créer ces écosystèmes. Il est essentiel que ces systèmes soient diffusés partout. Cela favorisera une absorption de carbone et la restauration des fonctions socles qui sont à la base des équilibres planétaires, ce qui est peu abordé même par le GIEC. La nature offre son «expertise» à qui veut bien l'intégrer et les exemples sont multiples: les abeilles sont plus efficaces que les drones pour la pollinisation et coûtent moins cher. Un homme comme Sepp Holzer³ grâce à son expertise de la nature, lui donne les moyens de transformer un climat semi-désertique en climat méditerranéen. De multiples exemples apparaissent çà et là et démontrent que l'homme est capable de créer des oasis et de régénérer des territoires.

Du point de vue social et économique, la civilisation extractive a besoin d'endroits pauvres pour extraire et transformer à bas



© Eric Coquelin

Isabelle Delannoy.

prix et, à contrario, d'endroits assez riches qui absorbent cette production. Le schéma est toujours le même: consommer et jeter pour relancer la machine. Cette différence de développement génère in fine des crises économiques et sociales. Dans une économie de collaboration en réseau, les niveaux de développement s'égalisent pour pouvoir mutualiser les biens et services. Ce sont des écosystèmes d'industries comme l'écologie industrielle ou des économies d'accès comme mobility car sharing à Genève. Ces entreprises locales sont capables de tirer toute la valeur ajoutée d'un produit ou d'un service parce qu'elles travaillent de concert et leurs différences induisent leur complémentarité. L'économie symbiotique démontre que tous ces nouveaux modèles économiques et productifs se structurent de la même façon, couvrent l'ensemble de l'économie et sont complémentaires entre eux. Il est difficile de savoir si elle apporte une réponse définitive à tous les maux de la terre. Mais c'est une réponse immédiate: ces modèles se sont développés depuis 50 ans et sont mûrs. Bien qu'ils soient apparus de manière non concertée, ils possèdent une cohérence incroyable entre eux, alors imaginez qu'ils soient mis en synergie!

Avez-vous convaincu des gouvernants et responsables politiques?

Une reconnaissance internationale permettrait certainement de diffuser ce modèle car les scientifiques le disent: il est presque trop tard.». Le sommet (<https://globalclimateactions Summit.org>) qui sera organisé à San Francisco en septembre prochain se donne pour date limite 2020.

La Secrétaire générale du Commonwealth, Patricia Scotland veut monter le programme «One Earth» et nous l'avons aidée en réunissant toutes les têtes de réseau de cette nouvelle économie. Depuis la parution de mon livre, des acteurs locaux nous contactent. La Gironde par exemple se lance dans un processus de gouvernance symbiotique. Il faut que cet écho se transforme en moyens pour mettre en place des programmes.

L'ONU a fixé une ligne au travers des ODD (Objectifs de Développement Durable).

Entrevoyez-vous une compatibilité avec votre démarche?

Oui en effet, les ODD sont un objectif, l'économie symbiotique un moyen pour les atteindre. Leur compatibilité est complète pour chaque objectif! Si nous commençons, avec l'aide des organisations à réinventer les villes, sachant que la moitié de la population mondiale est urbaine, une métamorphose qui mobiliserait les acteurs des cités: habitants, entreprises, services, pourrait s'effectuer rapidement.

L'expertise de l'ONU dans ce domaine, sa présence sur le terrain et son appui international s'avèreraient précieux voire déterminants. ■

- 1 *L'économie symbiotique* – éditions Actes sud (le livre sortira aux Etats Unis en septembre 2018) – Nota: ce livre est en tête des ventes du secteur économie en France.
- 2 Lynn Margulis et Dorain Sagan «Marvellous Microbes», *The earth is all the Home we have*
- 3 *Désert ou paradis?* – éditions colibris



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«In GATT we trust»

*Ce n'est pas ce qu'on regarde
mais comment on regarde qui
compte. Notre manière de voir
affecte notre interprétation.*

SOLANGE BEHOTEGUY/CNUCED

Claude Namy, interprète freelance à l'OMC qui dessinait pendant qu'il se trouvait en cabine nous met à l'épreuve. En 1966 il signe une caricature qui représente une réunion du GATT qui aurait eu lieu au siège original d'alors à la Villa La Fenêtre au Palais des Nations. Aucun personnage ne nous regarde, nous sommes les voyeurs, des voyeurs libres, livrés au langage.

Comment regarder ce tableau? Que voyez-vous? Je pose la question à Victor do Prado, Directeur de la Division du Conseil de l'OMC. Do Prado a une relation émotionnelle avec le tableau, la première fois qu'il l'a vu était en 1990. À l'époque ce dernier était exposé derrière le bar de la cafeteria dans la salle des pas perdus. Quelques années plus tard et en tant que responsable de la rénovation du bâtiment ce passionné d'art l'a fait poser dans la salle B. Nous voilà juste devant la caricature. «Je vois, dit-il, une table de négociation en «U» typique du GATT. En 1966 le directeur général était Sir Eric Wyndham-White, il est assis dans la petite partie du «U», il parle d'un air espiègle. Je vois aussi une horloge qui marque deux heures moins cinq, ce qui n'est pas un horaire de réunion, sauf si c'est le matin. Les délégués fument des cigarettes, des cigares, des pipes, la majorité d'entre eux sont distraits, ou occupés dans des conversations de côté. Au fond, des

drapeaux, on ne les reconnaît pas vraiment à l'exception du drapeau français, pays d'origine de l'auteur».

Il n'est pas inutile de rappeler ce qu'est une caricature, elle représente une situation réelle en exagérant les traits des personnages, en les rendant volontairement ridicules. Pourquoi doivent-elles exister? Peut-on rire de tout? Oui, mais... un caricaturiste est-il aussi un philosophe? Namy avait du talent, pour do Prado nous sommes là non seulement face à un témoignage historique mais également à une œuvre d'art. Lares et pénates, ajoutait-il, ce tableau fait partie des «saints de la maison».

On continue à regarder, chacun à notre manière. Au bout du crayon de Claude Namy, on s'aperçoit aussi que la représentation des femmes est minoritaire et qu'elles occupent des rôles secondaires. Il y a 36 personnages: 32 hommes et 4 femmes. Aucune des femmes n'est assise autour de la table de négociation. Est-ce que cela a évolué, demandai-je? «Un peu, mais ce n'est pas la parité», dit do Prado.» Ce matin nous avons eu une réunion de l'organe de règlement de différends, qui est un des organes supérieurs de l'OMC, et nous avons élu une nouvelle présidente, la représentante permanente de Thaïlande. Ce n'est que la troisième femme dans cette position en plus de vingt ans. Il y a certainement du travail à faire là-dessus.»



«A meeting at the GATT secretariat», 1966, Claude Namy
(b. 24 April 1926, Ermont, France)

L'artiste a choisi de représenter un de ses collègues interprètes assis au premier plan, M. Glemet. L'homme aux cheveux blancs lit un journal ou un document. Devant lui, une femme penchée. Que regarde le personnage? Comment regarder cette scène? Comprenez-vous pourquoi ce tableau peut déranger certaines personnes? Do Prado sourit. «Oui je comprends, certains délégués et visiteurs demandent même à le faire enlever, le trouvant honteux. Pour moi, Victor, si on l'enlève c'est de la censure. On enlèverait un document historique. On veut effacer le passé et moi je pense que pour avancer il faut montrer les inégalités.»

Selon Edmundo Murray, fonctionnaire de l'OMC et écrivain, ce n'est pas vraiment nouveau. Au Centre William Rappard, siège de l'Organisation mondiale du commerce, à différentes périodes et pour différentes raisons, plusieurs œuvres d'art ont été couvertes ou ont changé de place. C'est le cas de la mosaïque de l'artiste néerlandais Albert Hahn qui reproduit le texte de la Partie XIII du Traité de Versailles (la «constitution» de l'OIT) en porcelaine de Delft, recouvert en 1977 par un logo du GATT puis par celui de l'OMC; le mural de Dean Cornwell, daté de 1955,

enlevé de la salle A dans les années 1970 et déposé dans la villa des jardiniers sans aucun soin de préservation; le mural de Gustave Louis Jaulmes «La paix triomphante» de 1940, enlevé de la Salle des Pas Perdus et jamais retrouvé; Le Pygmalion de Eduardo Chicharro, couvert dans la salle Y, en 1951, quand le Directeur général du BIT avait ordonné son déplacement, apparemment à cause de la nudité de la femme.

Toujours selon Murray, le tableau «La Dignité du Travail» de Maurice Denis a failli être caché en 1975, selon le souhait du Directeur général du GATT Olivier Long, mais la Ville de Genève s'y était opposée.

La caricature de Claude Namy rejoint donc le rang des autres œuvres d'art de ce bâtiment historique, contestées, critiquées, cachées, voir enlevées à différents moments. À présent, toutes ses œuvres d'art ont été restaurées et remises à leur place d'origine.

En bas de la caricature qui nous occupe, l'auteur a écrit: «In GATT we trust». Ironie, humour?

Dans un monde de sens, ce n'est pas ce qu'on lit qui est important, c'est comment on l'interprète. ■

Social science at the heart of outbreaks and health emergencies activities

There is such a small and important army within WHO's response team to outbreaks and health emergencies: social scientists and risk communicators.

GAYA MANORI GAMHEWAGE AND MARA FRIGO, WHO

In January 2018, the World Health Organization's department of Infectious Hazard Management published "Communicating Risk in Public Health Emergencies"¹, the first ever evidence-based guidance on the policy and practice of emergency risk communication. This was a ground-breaking effort requiring innovative question formulation, mixed method evidence synthesis, and adaptation of evidence appraisal tools, evidence to decision tables and introduction of new decision-making processes. These novel methods resulted in the first evidence-based, systems-focused guidance on:

- approaches for building trust and engaging with communities and affected populations;
- approaches for integrating risk communication into existing national and local emergency preparedness and response structures, including building capacity for risk communication as required of all WHO Member States by the International Health Regulations (IHR) 2005;²
- emergency risk communication practice – from strategizing, planning, coordinating, messaging, channelling different methods and approaches of communication and engagement, to monitoring and evaluation – based on

a systematic assessment of the evidence on what worked and what did not work during recent emergencies.

It is now well recognized that one of the most essential but challenging emergency interventions is risk communication. Ensuring real-time exchange of information, advice and opinions between experts, community leaders or officials and the people at risk during outbreaks, pandemics, chemical, radiological and humanitarian disasters, saves countless lives, mitigates harms and limits spread of disease.

During epidemics and pandemics, humanitarian disasters and natural disasters, effective risk communication allows people at risk to understand and adopt protective behaviours. Equally, it enables authorities and experts to listen to, and address, the concerns and needs of people at risk so that the advice provided is relevant trusted and acceptable.

Although risk communication should be integral to every emergency response, it is often applied poorly or too late. This is due to a range of factors including lack of preparation, limited capacity, lack of funding and lack of recognition that it is an essential part of an effective response.

These are the main findings and recommendation included in the WHO guideline "Communicating risk in Public Health Emergencies". Most of the time societies are not easy to understand and more in-depth researches are needed in order to be able to address the main drivers of their concerns and behaviours. The main challenge is that societies are composed by communities that have different beliefs and practices, so the one-size-fits-all approach do not work, as evidence has showed.

While medical anthropologists and social scientists have been part of outbreak response teams in the past, recent outbreaks underscored the fact that most social scientists are not systematically embedded into response operations and there is no framework to consider their inputs and advice to inform real-time decision-making by incident managers, emergency operations centre leads and others.

WHO has taken this challenge seriously and has trained a network of social scientists for integrating social science-based interventions into health emergency work: SocialNET.

The SocialNET network is composed by 24 experts of social scientists trained to work as part of the health operations in the field, in close collaboration with key stakeholders, including focal persons for community engagement, risk communication and public communication.

They are ready to deploy to countries during non-emer-

gency periods to help build capacity for integrating social science-based approaches and interventions for emergency response, build up baseline social and cultural data that relate to known risky behaviours, and mitigate health risks.

All social scientists within the pool have underwent an intense WHO training on how to work in health emergencies. The training consisted of three parts: 1) An online course on OpenWHO, a WHO training platform for health emergencies; 2) A face-to-face classroom discussions and exercises; and 3) A face-to-face simulation exercise to put theory into practice.

This first cohort has already contributed to the response during several outbreaks such as Plague in Madagascar, Marburg in Uganda, Lassa fever in Nigeria, Listeriosis in South Africa. The experts were embedded within the Incident Management System established by WHO and have worked in support to the Ministries of Health and the WHO's Country Office in understanding the main drivers of the spread of the different diseases and have identified solutions in consultation with affected and at risk population in order to bring the situation under control. ■

1 See <http://www.who.int/risk-communication/guidance/download/en>

2 See http://www.who.int/topics/international_health_regulations/en

Clean energy

Building together with WHO pathways for the well-being and healthy future

Our inter-organizational cooperation with WHO is solid and long-standing (even our magazine UN Special will celebrate soon its 70 years of inter-agency cooperation), and it covers all spheres of work and life.

EVELINA RIOUKHINA AND BIANCA NEUMANN, UNECE

Our inter-organizational cooperation with WHO is solid and long-standing (even our magazine *UN Special* will celebrate soon its 70 years of inter-agency cooperation), and it covers all spheres of work and life. The most known examples in the ECE are THE PEP and the Protocol on Water and Health with the Water Convention, in which WHO has been our equal partner for several decades. And who knows, our partnership might become even broader, covering such spheres as gas and energy. It might be not very usual to see gas and health – or even WHO issues – aligning together, but turning into sustainable and strong cooperation might become an inevitable reality in the future.

Indeed, WHO was one of the key-note guest speaker during the UNECE Gas meeting that took place last week. It is this speech that seemed to attract the most attention. According to WHO studies 4 million deaths per year are the result of 3 billion people primarily using polluting fuels and technologies for cooking. A WHO recommendation that “wherever practically possible, member states

consider policy measures that would promote the use of clean fuels and technologies, such as gas (including biogas), over the use of polluting fuels and technologies, including kerosene, traditional biomass stoves, and other solid or traditional fuels for cooking heating and lighting. This would mitigate household air pollution and help achieve the Sustainable Development Goals related to poverty, gender equality, and good health and well-being” was included in the UNECE Gas meeting report.

Actually, well-being and healthy living is not only the priority of WHO, it is exactly what our Division on Sustainable Energy, talentedly guided by its Director Scott Foster, stands for. It was also announced from the high rostrum, that Energy is not only Sustainable Development Goal 7 (Affordable and Clean Energy). Energy is everywhere and an inevitable part of well-being. It is energy – and thus gas – that plays crucial role in helping to attain the SDGs, because it is relevant to all three objectives of Goal 7 – accessing energy, accelerating the uptake of renewable energy, improving energy efficiency. The Director of the Sustainable Energy Division

is convinced that the energy goes beyond SDG-7 and that the programmes he is leading in the UNECE go far beyond and are interlinked with all other SDGs. Without not only clean energy, but energy in general, none of the SDGs could be attained.

The meeting considered the role of gas in the future, and especially in the future of Sustainable Energy. One of the several UNECE on-going projects is the Pathways Project. We do admit that we do not know the future, but we need to have a dialogue or some sort of guideline to find the best option of how we want to get there. We need to look through all options that the governments might have, and that the Industry might propose. We also need emotional intelligence. It is important to have that at both individual and also national level, as on the level of this intelligence will depend the choices that will be made to achieve the energy for sustainable development. Gas is and will play an important role in quality of life and of quality of life at a global level of today and tomorrow. The Gas industry needs to have more active interaction with the Governments, and if we wish to achieve the 2030 agenda in all SDGs – steps need to be undertaken now, today, and there should be collective efforts for sustainable energy, undertaken by the ECE 56 member States, as well as by the whole Globe. **Energy is a Golden thread through the 2030 Agenda and through all 17 SDGs.** The quality of life of today and of tomorrow – those

will be deliverables that will measure the well-being of the citizens of our member states.

With similar ideas and aspirations in mind the UN-member states, international organizations and leading industry-representatives (e.g. Shell, Total, ExxonMobil) met at the gas meeting. Not to say that all Security Council members were there, in addition to the four SC members, that are also the UNECE member states, the delegation of China was numerous. Energy issues are of global concern too, and countries of Africa and Latin America joined the discussion. The meeting room was literally “energised” by the strong statements of more than 70 panellists representing all sectors – member states, Industry, international organizations and academia.

On the eve we learnt about the strike and were warned that interpretation services would not be provided, but 150 delegates unanimously voted to continue discussion, and worked without breaks (the multilingual secretariat and the secretary of the group Branko Milicevic assured translation).

The need for a platform for dialogue like the ECE provided, was backed by the strong and interesting discussion that was held. Of course, not always new ideas are totally supported or accepted by all, and the vision of private sector is still stigmatic despite all recent calls by the Secretary-General to strengthen cooperation, and we tried to assure this. The Gas

meeting showed also the necessity and the vital role of our organization, and especially, of the UNECE, both as a neutral platform, and as a recognized think tank to work towards the same goal – well-being of our member states and their people.

And who knows – it might well happen that this recent meeting is an opening for a joint new avenue of cooperation, between all players and actors – UNECE, industries (gas, coal, fossil fuels), but also renewables and innovation technologies to form together and jointly with WHO

solid pathways for the well-being and healthy future.

From Bianca Neumann, the UNECE intern: “This Expert meeting on Gas was the very first international meeting I happily experienced as an intern at the UNECE. Through-

out my little contribution to the challenging mission the UN follows, I realized what an enormous impact the work being done here has on the development of the well-being of our and all future generations of this planet.” ■



An End to Electronic Waste

Building the E-waste Coalition

GARAM BEL, UN SECRETARIAT OF THE ENVIRONMENT MANAGEMENT GROUP

On Wednesday 21st March 2018, organizations from the United Nations system, most active in addressing the global e-waste challenge, signed a Letter of Intent paving the way for coordination and collaboration on United Nations system-wide support for e-waste management.

The signatories included: UN Environment, the International Telecommunication Union, United Nations University, International Labour Organization, the Basel and Stockholm Conventions, the United Nations Institute for Training and Research, and the United Nations Industrial Development Organization.

The transition towards a more digital, information, and knowledge society offers unprecedented opportunities for sustainable development. However, with the emergence of such a society arises the growth

of the global consumption of electrical and electronic equipment that leads to a global challenge in electronic waste. The signing of the Letter of Intent contributes to the ongoing work of the Environment Management Group, which is currently coordinating United Nations organisations to promote system-wide action and collaboration in the area of e-waste.

Two major reports on the global e-waste situation and the United Nations efforts to address the e-waste challenge, were released at the end of 2017. On one hand, the Environment Management Group report on the United Nations System-wide Response to Tackling E-waste highlighted the need for strengthened collaboration among United Nations organisations, with over 20 organisations active in tackling e-waste. It also presented over 150 e-waste initiatives that have been undertaken since 2004. On the other hand, the

Global E-waste Monitor, developed by the International Telecommunication Union, United Nations University and International Solid Waste Association has highlighted the increasing generation of e-waste and noted that in 2016 some 44.7 million metric tonnes of e-waste were generated globally.

The Letter of Intent paves the way for a coordinated effort across the United Nations organizations in addressing the challenge of e-waste. Some of the envisaged plans may include negotiations towards an e-waste coalition, more engagement with electronics manufacturers and recyclers, pilot projects to address downstream e-waste management activities and consumer behaviour, and the partnering with interested private sector entities to develop a knowledge sharing platform to host information on United Nations e-waste projects, and global statistics and data relating to e-products and e-waste. ■



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WHO, Geneva partners to Walk the Talk for Health for All

To celebrate the World Health Organization's 70th anniversary in 2018, people will take to Geneva's streets on Sunday, 20 May, as part of the physical activity and health promotion event titled Walk the Talk: The Health for All Challenge.

PAUL GARWOOD, WHO

This new WHO-organized event is being held on the eve of the 71st World Health Assembly, which starts 21 May. The aim is to remind us how important it is for everyone to have access to the highest level of health and health services, and for everyone to work to achieve this, from individual people taking steps to improve their own health to governments taking action on behalf of their citizens.

Free, inclusive and non-competitive, the Walk the Talk: The Health for All Challenge focuses on promoting health for all people, particularly through physical activity. It also aims to showcase Geneva's position as a centre of global health, connect local residents with

“international Geneva” and motivate people from all walks of life to be active and healthy.

“This first ever Walk the Talk: The Health for All Challenge will be a celebration of health and a call for action to ensure all people can achieve the highest level of health,” said Dr. Tedros Adhanom Ghebreyesus, WHO Director-General. “By holding this event before the World Health Assembly, delegates and health advocates from around the world can join with the Geneva public and UN system to move in unison to promote health.”

A range of activities are planned along the event route. At the Place des Nations, participants are invited to start gathering at 9.45 a.m. For the next

75 minutes, there will be fun activities for people of all ages, accompanied by live music, to help warm up. The official welcoming will start at 10.30 a.m., and the event itself at 11 a.m.

There is strong support from across the local and international community in Geneva to stage the event. Key partners include the Permanent Mission of Switzerland to the United Nations, the City and Canton of Geneva and the United Nations Office at Geneva.

The event will be publicized across the city, including on Geneva public transport, in the weeks leading up to 20 May.

Runners, walkers, and wheelchair users will be able to choose between three connected routes of 3.5 and 8 kilometres. The route will feature five stations: Place des Nations (the official start and end point), the WHO Headquarters, Jardin Botanique, Villa Barton and Bains des Pâquis.

Each location is an important Geneva landmark in its own right, and each will illustrate a different aspect of the WHO 13th General Programme of Work to be discussed at the World Health Assembly.

- Place des Nations will transform into a beacon of health promotion and healthy lives for all;
- The WHO campus will feature the Organization's drive to advance universal health coverage and ensure that the health needs of all people,

including the vulnerable, are served;

- Jardin Botanique, located opposite important players in health including UNICEF, GAVI, the Vaccine Alliance and Campus Biotech, will showcase issues and actions concerning humanitarian action and keeping the world safe;
- Villa Barton, which belongs to the Graduate Institute, offers a tranquil and logical stopover on the route to promote the importance of diplomacy and advocacy for global health; and
- Bains des Pâquis, with its stunning lakeside views, will represent the country level focus of WHO's work, and feature a range of community health actors from Geneva to Austin, Texas.

Ambassador Valentin Zellweger, Permanent representative of Switzerland to the United Nations and the other international organizations in Geneva, believes the 20 May event will play a powerful role in connecting "local" and "international" Geneva and showcasing the city's central role in global health.

"Switzerland is pleased to join the international and local community to celebrate WHO's 70th anniversary through supporting the Walk the Talk: The Health for All Challenge," says Ambassador Zellweger. "WHO is the world's leading body in promoting and convening health action, and Switzerland is proud to host it."

Ambassador Zellweger adds: "But at the same time, Geneva is home to many other organizations committed to protecting and strengthening the health of people around the world, from delivering vaccines and emergency care to save the world's most vulnerable, to advocating for increased investment, care and conditions to ensure people lead healthy, prosperous lives." Health champions working at organizations ranging from the World Heart Federation and the NCD Alliance to the Global Alliance for Health Promotion, are lending their support, along with the Netherlands-based Generation Games initiative and the Swiss edition of the Special Olympics, held for people with intellectual disabilities and taking place from 24-27 May in Geneva. Special Olympic athletes will join the WHO event carrying their event's official torch. Staff from many Permanent Missions to the UN in Geneva are participating, along with staff from organizations within the UN family.

Dr. Tedros said the event does not have to be confined to Geneva.

"All over the world WHO could partner with a walk, run or health event in local communities, cities and countries to raise awareness of our work and promote healthy lifestyles," Dr. Tedros adds. "Keep moving, stay healthy!" ■

Register for the event
<http://www.who.int/mediacentre/events/2018/walk-the-talk/en>

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East Timor experience

Life on a ship for 100 days!

SHIV KUMAR VARMA¹

In my professional career of over four decades, I have had plenty of opportunities to travel within India and abroad, but my assignment to East Timor (an island between Indonesia and Australia), in 2000, though a short one, stands out for the sheer challenge and excitement it afforded me.

During my entire life, not to talk of a sea voyage, I had never even set foot on a ship. But in East Timor, as events turned out, I had to stay on a ship for nearly 100 days!

In June 2000, exactly one year after my final separation from active service with the World Health Organization, New Delhi, when I was asked by the Organization to take up a short assignment to East Timor to help out at its newly established office there, I was excited at the prospect of travelling to a newly independent country and also visit Australia (which somehow I had missed during my previous travels).

East Timor suffered a serious political crisis in 1999 resulting in the uprooting of nearly half a million people, loss of many hundred lives and burning down of 75% of dwellings not only in the capital city of Dili but all over the country. Besides, there was total collapse of administrative machinery until a multi-national UN force (UNTAET) took charge.

A United Nations Transitional Administration for East Timor was set up in October 1999 with most of the positions, even at district level, being filled by UN personnel from

various fields and belonging to different nationalities. Nine UN Agencies – including World Health Organization – and a number of Non-Governmental Organizations and voluntary bodies joined hands in collaboration in the rebuilding and development work of the island country. Later, on 15 July 2000, a Transitional Government with four East Timor nationals and four UN staff as members of the Cabinet was established, with Special Representative of UN Secretary General (SRSG²) heading it.

Upon arriving in the capital city of East Timor, Dili, on 5 July 2000, to my surprise, instead of being taken to a hotel, I was escorted to a place where living accommodation was in a cargo container with common toilets in another nearby container. It was an entirely different experience going into a container that had just a window for sunlight along with a bed in one corner and a small table on the other side. Arrangements for serving breakfast & dinner were in the open and frankly, the vegetarian food served there was totally flavourless.

Shifting to a better place was not easy, as I was told that accommodation could not be immediately available in the few surviving hotels in the city. However, fortunately, when I shifted to Hotel OLYMPIA in a couple of days, I heaved a sigh of relief. OLYMPIA turned out to be a big ship anchored opposite the UNTAET office with nearly 200 rooms spread over five floors with a large dining hall. Though the new arrangement was comparatively an expensive proposition, but keeping in

mind considerations of security and availability of vegetarian food there, I felt it to be a better option.

It was a novel experience indeed staying on a floating surface and I had my doubts whether I would get good sleep with a moving bed, especially since my room (Room No. 514) was situated on the top floor of the ship. However, there were some positive factors also. During daytime, I had a free glimpse of the sea on two sides and at night, moonlight beams would fall right on my bed through the large glass window when the curtains were drawn aside. Being on the top floor of the ship, I had easy access to the deck where I could have a stroll both in the morning and evening. This helped keep me fit.

The assignment at WHO office turned out to be much more complex than I had envisaged. The Head of WHO office left two days after my arrival on six weeks' leave and I was asked to act for him during his absence. Due to security reasons, I could not sit late at the office in the evening and so I had to take a laptop computer to the ship to complete the day's tasks. Due to heavy workload, it was not possible to avail of any holiday and I attended office all the seven days of the week throughout my stay. The only break I had was a three day trip to Darwin (Australia) on an official visit!

Coming back to my personal problems: the vegetarian food served in the dining hall of the ship made my life easier though at times, there would not be much choice and I would



Mr. Shiv Kumar Varma, Retired Adm. Officer WHO.

© Shiv Kumar Varma

manage to devour a small loaf of bread with mashed potatoes on which sauce would be sprinkled lavishly, accompanied by some yoghurt. Fortunately, there was always an option of helping myself to fruits of various types, if some dishes were not to my liking.

These days whenever I encounter some not-so-tasty food, I try to relish it, recalling my East Timor days where I had very little choice on the menu!

I have thus vivid memories of my stay in East Timor and to this day miss my ship room where the soothing moonlight with the music of ocean waves would lull me to sleep! ■

1 Shiv Kumar Varma, Retired Adm. Officer WHO/ Reg. Office for SE Asia, New Delhi.

2 Mr. Sergio de Mello, SRSG had later moved to Iraq as head of UN Mission there and, unfortunately, was among the notable UN personnel killed in the bomb blast at the UN building in Baghdad.

Message du rédacteur en chef

Vous aimeriez partager votre opinion sur le magazine et son contenu?

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Nous serions heureux de recevoir votre avis. Les plus pertinents, les plus intéressants, les plus originaux seront publiés dans le magazine.

Si vous souhaitez proposer un article, n'hésitez pas à me contacter à tout moment.

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Adressez vos commentaires à:

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Write to us!

We will be glad to hear from you. The most interesting, relevant, or even ingenious responses will be published in the magazine.

Should you wish to submit an article, please do not hesitate to contact me at any time.

Now, put pen to paper!

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