

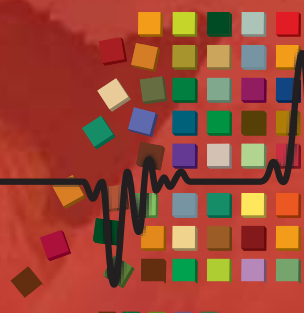
UN Special

World
Health
Day 2009

N° 684 - Mai 2009

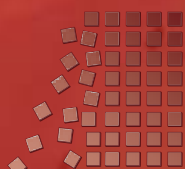


World Health
Organization



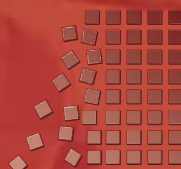
Save lives.
**Make hospitals safe
in emergencies.**

Assess the safety of your hospital
Protect and train health workers for emergencies
Plan together for emergency response



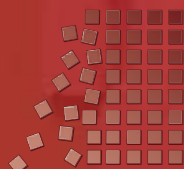
Para salvar vidas:
hagamos que los hospitales
sean seguros en las situaciones
de emergencia.

Evaluar la seguridad del hospital
Proteger y formar al personal de salud para las emergencias
Planificar conjuntamente las emergencias y las respuestas



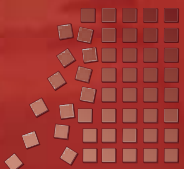
Спасем жизни.
Обеспечим безопасность больниц
в чрезвычайных ситуациях.

Оцените уровень безопасности вашей больницы
Обеспечьте защиту медицинского персонала и его подготовку
к чрезвычайным ситуациям
Совместно планируйте действия при чрезвычайных ситуациях



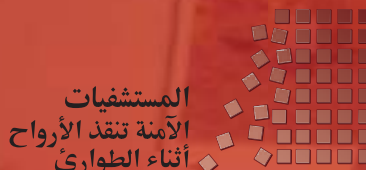
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加强医院抵御
紧急情况的能力。

评估医院的安全性
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dans les situations d'urgence.

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Protéger le personnel de santé et l'entraîner aux situations d'urgence
Planifier ensemble les interventions d'urgence



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الآمنة تنقذ الأرواح
أثناء الطوارئ**
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MARIA DWEGGAH
rédactrice en chef
adjointe

BRUTAL FORCES – YOU NEVER KNOW...

A friend of mine from New Jersey, with whom I had planned to go to Umbria and Abruzzo in May, sent me an e-mail message on the afternoon of 6 April 2009. Jokingly she wrote "Uh oh, they knew you were coming so they started shaking." I had not seen the news, so I went on the web. And there it was, 6.3 had hit the city of L'Aquila and its surrounding areas during the early morning hours. My friend apparently was unaware of the intense devastation the quake had caused or the number of lives that were lost and that would exponentially increase in the ensuing days.

I stayed up way past midnight watching debates and various interventions by public figures, seismologists, fire-fighters, civil protection personnel and medical emergency units. In the days that followed there was no shortage of finger pointing in the media among the politicians as to who was responsible and "how it was possible that in-

dispensable norms that had been made into law were not applied and why controls were not carried out." Some suggested the possibility that "lax enforcement of anti-seismic building codes played a role in the collapse of some buildings constructed in recent decades, including the San Salvatore hospital, which had to be evacuated."

The brutal forces of nature – earthquakes, landslides, floods, storms, tsunamis – as well as armed conflicts, epidemics and other smaller scale events render us so vulnerable. They do not only happen in far away lands. They can happen anywhere, anytime and very close to home.

Can we find comfort in knowing we live in safe buildings, that the hospitals will stand, that medical and emergency personnel are trained, that medical supplies, like swine influenza, are protected, that when that moment that Nature decides to strike or strike back, we will have a safe and secure place to go. ■

FORCES BRUTALES – ON NE SAIT JAMAIS...

Une amie du New Jersey, avec laquelle je devais partir dans les régions d'Umbria et des Abruzzes en mai, m'a envoyé un courriel l'après midi du 6 avril 2009. En me taquinant, elle a écrit «Oh oh, elles ont pris connaissance de ton voyage et elles se sont mises à trembler.» Je n'avais aucune idée de ce à quoi elle se référait, donc j'ai consulté le web. Et j'ai découvert qu'un séisme d'une magnitude de 6,3 avait frappé L'Aquila et les villages voisins. Apparemment mon amie n'était pas au courant de la dévastation causée par la nature ainsi que le nombre des vies perdues et qui allaient augmenter dans les prochains jours. Jusqu'à une heure avancée de la nuit, j'ai regardé les débats et les interventions des personnalités publiques, des sismologues, des pompiers et du personnel de la protection civile, etc. Dans les jours qui ont suivi, les po-

liticiens ne manquaient pas de rejeter la responsabilité sur les autres et se demandaient pourquoi les normes qui étaient devenues lois n'avaient pas été appliquées et qu'aucun contrôle n'avait été fait auparavant.

La non mise en application du code antisismique aurait ainsi joué un rôle dans l'effondrement de certains bâtiments construits dans les dernières décennies, incluant l'hôpital San Salvatore qui a dû être évacué.

La nécessité d'une Organisation comme l'OMS, de son efficacité pour coordonner, standardiser les actions médicales, paraît, plus que jamais nécessaire car les forces de la nature ainsi que les maladies, comme la grippe porcine, frappent sans distinction géographique tous les habitants de notre planète. ■

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STATEMENT BY THE DIRECTOR-GENERAL OF THE WORLD HEALTH ORGANIZATION



When an emergency or disaster occurs, most lives are lost or saved in the immediate aftermath of the event. People count on hospitals and health facilities to respond, swiftly and efficiently, as the lifeline for survival and the backbone of support.

**Dr MARGARET CHAN, DIRECTOR-GENERAL
WORLD HEALTH ORGANIZATION**

The tragedy of a major emergency or disaster is compounded when health facilities fail. When a hospital collapses or its functions are disrupted, lives that depend on emergency care can be lost. Interruptions in routine services can also be deadly.

In large emergencies, such as those caused by earthquakes or floods, some countries have lost as much as 50% of their hospital capacity, right at the time when life-saving services were most acutely needed.

Apart from causing increased suffering and loss of life, the failure of health facilities during an emergency can provoke a public outcry, especially when shoddy construction or violations of building codes are thought to be at fault.

Such public concern is fully justified. As this document shows, it costs surprisingly little to construct a new hospital that can withstand the shocks of earthquakes, floods, or high winds. It costs even less to retrofit existing fa-

cilities to keep their services running at critical times. It costs almost nothing to integrate risk management and emergency preparedness into a hospital's operational plans.

To commemorate World Health Day this year, WHO is advocating a series of best practices that can be implemented, in any resource setting, to make hospitals safe during emergencies. Apart from safe siting and resilient construction, good planning and carrying out emergency exercises in advance can help maintain critical functions. Proven measures range from early warning systems to a simple hospital safety assessment, from protecting equipment and supplies to preparing staff to manage mass casualties and infection control measures.

Different types of emergencies bring typical patterns of injuries, such as crush injuries in earthquakes and hypothermia in floods, with corresponding needs for training and supplies. These needs can be anticipated in advance, and surge capacity can be tailored to manage them.

It is smart to think and plan ahead. Worldwide, the number of emergencies and disasters is rising. This trend is certain to continue as urbanization crowds people together on unsafe sites and climate change brings more frequent and more severe extreme weather events. We need to anticipate a growing number of areas that will become disaster-prone.

Abundant experience demonstrates the tremendous pay-off, also at the political level, when hospitals remain standing and functioning as beacons of security and solidity in the midst of disaster and despair. We must never forget: hospitals and health facilities represent a significant investment. Keeping them safe in emergencies protects that investment, while also protecting the health and safety of people – our foremost concern. ■

DÉCLARATION DU DIRECTEUR GÉNÉRAL DE L'ORGANISATION MONDIALE DE LA SANTÉ

La plupart des décès surviennent immédiatement après l'événement ou la catastrophe provoquant une situation d'urgence et c'est à ce moment qu'il faut pouvoir agir pour sauver des vies.

Pour cela, la population compte sur la célérité et l'efficacité des hôpitaux: ils sont la condition de la survie et le fondement sur lequel l'aide s'appuie.



**D^r MARGARET CHAN, DIRECTEUR GÉNÉRAL
ORGANISATION MONDIALE DE LA SANTÉ**

La tragédie d'une situation d'urgence ou d'une catastrophe majeure est aggravée en cas de carence des établissements de santé. Quand un hôpital s'effondre ou que ses services sont interrompus, les vies qui dépendent des soins d'urgence sont perdues. La cessation des services ordinaires peut également s'avérer mortelle.

Dans des situations d'urgence de grande ampleur, tremblements de terre ou inondations par exemple, certains pays ont pu perdre jusqu'à 50% de leurs capacités hospitalières, juste au moment où ils avaient le plus besoin de ces services indispensables.

En dehors des souffrances accrues et des vies perdues, la carence des établissements de santé pendant une situation d'urgence peut

provoquer une indignation populaire, en particulier si le grand public pense qu'il faut incriminer la mauvaise qualité des bâtiments ou des violations des codes de la construction.

Ces inquiétudes du public sont pleinement justifiées. Comme nous allons le montrer dans le présent document, la construction d'un nouvel hôpital pouvant résister à des tremblements de terre, des inondations ou des vents violents revient à un prix étonnamment bas. Il est encore moins cher de rénover les établissements existants pour que leurs services puissent continuer de fonctionner à un moment critique. Enfin, l'intégration de la gestion du risque et de la préparation aux situations d'urgence dans les plans opérationnels d'un hôpital ne coûte presque rien.

Pour la Journée mondiale de la Santé de cette année, l'OMS préconise une série de meilleures pratiques pouvant être appliquées dans n'importe quelle situation pour assurer la sécurité des hôpitaux dans les situations d'urgence. En dehors d'un emplacement sûr et d'une construction résistante, une planification de qualité et des exercices réguliers peuvent contribuer à maintenir les fonctions essentielles. Les mesures à l'efficacité avérée vont des systèmes d'alerte précoce à une simple évaluation de la sécurité de l'établissement, de la protection des équipements et des fournitures à la préparation du personnel à prendre en charge des victimes en grand nombre, sans oublier les mesures de lutte anti-infectieuse.

Selon les situations d'urgence, on observe des pathologies typiques, traumatismes par écrasement dans les tremblements de terre

ou hypothermies pour les inondations par exemple, auxquelles correspondent des besoins bien précis en matière de formation ou de matériel. On peut anticiper ces besoins et adapter l'augmentation des capacités pour y faire face.

Il est avisé de réfléchir et de planifier à l'avance. On observe dans le monde entier une recrudescence des situations d'urgence et des catastrophes. Il est certain que cette tendance va se poursuivre avec l'urbanisation, qui concentre les populations sur des sites dangereux, et le changement climatique, qui augmente la fréquence et la gravité des événements météorologiques extrêmes. Nous devons nous attendre à un nombre croissant de régions où des catastrophes pourront se produire.

L'expérience a abondamment démontré les énormes bénéfices à attendre, y compris au niveau politique, quand les hôpitaux résistent et fonctionnent comme des havres de sécurité et de solidarité au milieu du désastre et du désespoir. Nous ne devons jamais l'oublier: les hôpitaux et les établissements de santé représentent des investissements conséquents. En assurant leur sécurité dans les situations d'urgence, nous protégeons ces investissements, tout en préservant la santé et la sécurité des populations, ce qui est la première de nos préoccupations. ■

WORLD HEALTH DAY 2009

SAVE LIVES; MAKE HOSPITALS SAFE IN EMERGENCIES

Geneva is home to many of the world's international humanitarian organizations. This puts many of our counterparts in the United Nations and other agencies, along with WHO colleagues from various technical areas, on the frontlines of disaster response.

It also takes them to parts of the world where emergencies are more commonplace than here in Switzerland. Every year, hurricanes sweep the Caribbean islands, and countries such as Pakistan, China, Mexico and Japan must be always on the alert for the disturbing rumble of earthquakes. In many countries, armed conflict threatens the health of both civilians and health workers and disrupts services.

The tragedy of a major emergency or disaster is compounded when health facilities fail. People count on hospitals and health facilities to respond, swiftly and efficiently, as the life-line for survival and an integral part of the community support system. This is why this year's World Health Day focuses on saving lives by making hospitals safe in emergencies. World Health Day celebrates the founding of WHO in 1948, and is an annual event to focus world attention on a key health issue. This year's theme reminds us all to think and plan for emergencies. It also alerts hospital authorities and government leaders to the fact that a relatively small investment - such as retro-fitting a hospital or securing equipment to keep it stable in an earthquake - can save lives when disaster strikes. For example, Costa Rican hospitals retro-fitted before the magnitude 5.8 earthquake in 1990 withstood the shock in excellent condition, protecting the health of patients and health workers, and ensuring that essential health services could continue.

This year's World Health Day will be launched in Beijing as China recovers from a massive earthquake in Sichuan Province which last year killed more than 87,000 people and destroyed or damaged over 11,000 hospitals and clinics. Dr Margaret Chan, Director-General, will be joined by Dr Shin Young-soo, Regional Director WPRO, CHEN Zhu, Minister of Health China and international film star Jet Li who is WHO's new Goodwill Ambassador.

One of the calls to action of this year's WHD is for all countries to provide training for health workers for emergencies including for first response. As part of this year's cele-

brations at headquarters, first aid demonstrations will be amongst the many taking place in the foyer.

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JET LI, WHO'S NEWEST GOODWILL AMBASSADOR



WHO's work on global public health involves people from all walks of life but the latest addition to the family is special in many ways. A Chinese martial arts champion-turned-international film actor, Jet Li is the WHO's newest Goodwill Ambassador. He was in his home city Beijing on Tuesday to help WHO launch this year's World Health Day.

It was a special day for the Chinese star. "I am excited. It is my first day on the job," said Li before the launch of World Health Day. This year the annual event focuses on making hospitals safe in emergencies so that they provide life-saving services when natural disasters and wars strike.

Li relates to the theme well, having escaped the South Asian tsunami in December 2004 while on holiday with his family. "I realized at that moment, when I was neck-deep in

seawater trying to keep my daughter from drowning, that our lives are fragile. Strangers saved us and rescued my younger daughter who was swept away by the oncoming waves," he said, recollecting a moment he calls "transforming". "I realized that my fame, my wealth and my success could not save me and that we must all give back to the human family that we are all part of."

Moved by the experience, Li decided to put aside his film career for a while to set up a

charitable foundation. Since then, he and his One Foundation have provided emergency response following natural disasters and promoted the role that everyone has to play for their own well-being and that of their communities. "I believe that young people of today have many problems but have a great deal to contribute too", he says.

Li's other passion is promoting mental health and well-being, especially among young people. "Today's youth live a stressful life and need to learn how to maintain good mental health and well-being", he says. His foundation has helped introduce psychosocial programmes for Chinese university students.

As a WHO Goodwill Ambassador, Li will initially support the work of Health Action in Crises and Mental Health. With his fan base, he is well placed to promote health, well-being and community participation, pointed out WHO Director-General Dr Margaret Chan on appointing him a Goodwill Ambassador.

Li knows first hand what it is like to work hard against all odds and achieve goals. As a small boy of 8, Li Lian Jie was enrolled in a Chinese martial arts (Wushu) school. By the age of 11, young Li had won his first Chinese national championship for the Beijing Wushu Team. He moved so fast that classmates nicknamed him "Jet", implying that he was as fast as a jet airplane. Li has represented China in over forty-five countries, performing martial arts at various state functions.

At the age of 17, after dominating the field for many years, the young Wushu champion retired from the sport and moved onto a long and successful film career starting with martial arts films and later moving onto Hollywood. He has made more than forty-five films to date.

The 45-year-old Li joined Dr Chan and senior Chinese officials in Beijing to launch this year's World Health Day. It was his first assignment as WHO Goodwill Ambassador. ■

WEATHER, HEALTH AND DISASTERS



Many of us in the UN are not overly bothered by weather. Usually bad weather means a change in what we wear or planning for extra time to drive to work. But for millions of people around the world, the weather and climate make the difference between life and death, good health and disease, prosperity and poverty. Experts say that as much as 90% of all disasters over the last fifty years have been related to weather, climate, water and extreme events. With predictions of increased frequency and intensity of extreme weather events due to climate change, more and more people are looking closely at the link between weather, disasters and health. The two UN agencies responsible for weather and health, the World Meteorological Organization (WMO) and the World Health Organization (WHO) have collaborated for sometime on the issues of climate, health and disasters. Last year, WHO dedicated its World Health Day to health and Climate Change. This year the focus is on Making Hospitals Safe in emergencies.

Michel Jarraud, Secretary-General of the World Meteorological Organization spoke to WHO on how he sees the link between weather, health and disasters and about the issues that we should be considering for the World Health Day theme.

How do weather and climate impact health?

Climate variability and climate change have a huge impact on many health factors. In particular extreme weather events can be an aggravating factor for many health issues. It is very important to address this issue at all stages. We need to undertake risk evaluation. Then we need to have preparedness measures and continues to the issuance of early warnings. After

the disaster very often it is important to have weather information for rescue operations.

Climate and health are linked in inextricable ways. With climate change we anticipate the number of these extreme events will increase and also the intensity, and when it comes to health there will probably be an increase in the occurrence of vector-borne diseases including malaria, dengue fever and many others. The quality of water maybe affected after floods, and that will have an impact on

cholera and other water-borne diseases. so you will have the vector-borne diseases, the water-borne diseases, climate warming will probably also mean a proliferation of toxic algae in the oceans. In many countries the food production will be affected by the changes to the climate. It will have an impact on the food security, and in turn it will weaken populations in the least developed countries, and as we know a weaker population is more vulnerable to diseases. So if you keep in mind



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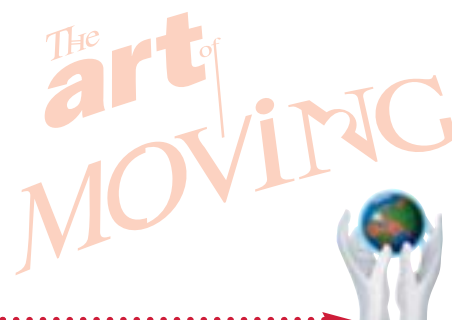
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that about 90% of all natural disasters are related to weather, water, climate, this proportion is likely to increase further with climate change. These will have a dramatic impact on health. So it is really important that the two communities work together and that we properly integrate this information in decision-making. Good decision-making requires good information, and this is particularly true in the least developed countries which are the most vulnerable but also the least able to cope with that, so it has to be a multidisciplinary approach.

What is the effect on hospitals and health services?

Extreme events can put an extraordinary load on the health infrastructure. When extreme events strike like a storm surge, like a tropical cyclone hits, it has an impact on not only the infrastructure, but also sometimes on the health workers themselves, who may not be able to come to work. It is very important to address this issue at all stages.

What can be done to make hospitals safe in emergencies related to weather?

First, good risk mapping has to be done to evaluate the risk for risk preparation and rescue phase. It is very important to be able to locate hospitals in places which are not vulnerable to these extreme events. Proper building codes should be available and they should be enforced so that hospitals and clinics will not be destroyed by earthquakes. Although earthquakes are not meteorological factors, weather, like during the earthquake in Pakistan, was an aggravating factor because the buildings including the hospitals were destroyed before the winter came with the snow, with the very cold weather. So it is very important to factor all of these elements in at the planning phase.

Early warning is key to prevention and preparedness. Good early warning systems properly integrated in disaster preparedness management are absolutely essential for saving lives and for a cost-effective response. We see a cost:benefit ratio of the order of 1:7 and it will save a huge amount of lives. Over the last fifty years thanks to proper early warning systems we reduced by factor 10 the number of people who lost their lives because of extreme weather events. In Botswana, proper use of seasonal forecasts several months in

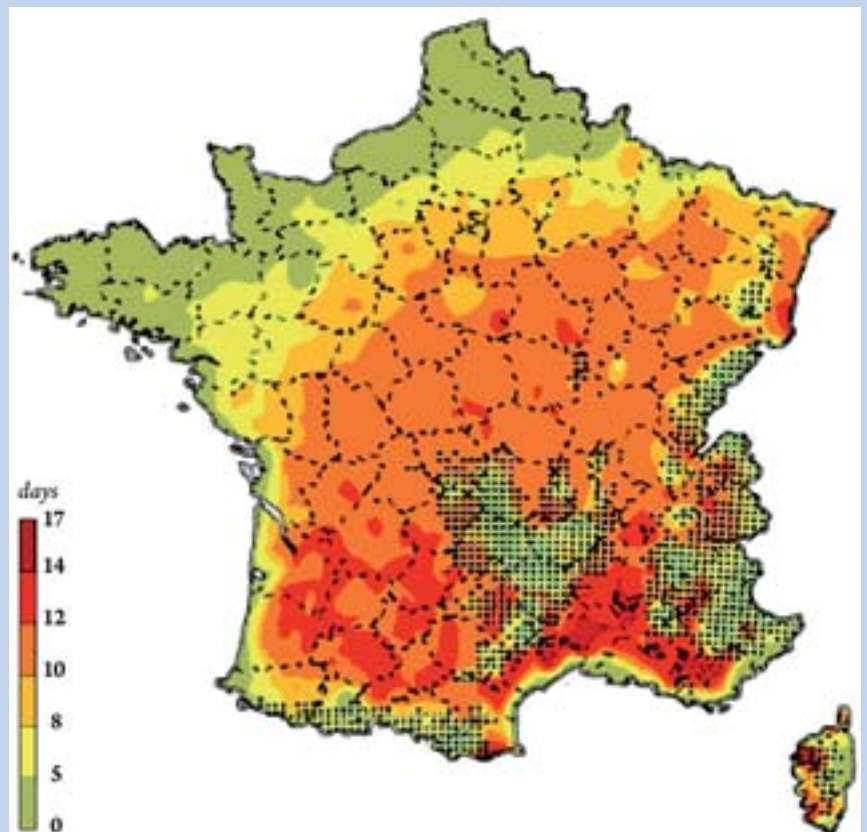
advance of the rainy season allows the government to plan for the next malaria epidemic. This is a very cost effective weapon to improve people's health. In Europe there was a big heat wave in 2003. In France there was a heat health index which was developed in very close cooperation between the meteorological health service and the health community, and that will certainly help to save many more lives during similar heat waves. But when it comes to the post-disaster events, it is also very important to have proper information to coordinate our actions, and this is not something that which has to be improvised after the events. It has to be prepared in advance.

Is preparing hospitals and communities for emergencies expensive?

I think all the actions I mentioned (above) very cost effective. It is estimated that if we invest something like \$1, 1 € or one of any currency in disaster prevention activities, the benefit to society is about seven to ten times as big, and that includes the health sector. But it is important to focus on the developing and least developed countries, because they are the ones who are the most vulnerable but also the least able to deal and to cope with these disasters. What is noticeable is that there has been a significant increase in the number of such disasters. Today we see about fifty times more disasters than fifty years ago. But at the same

France

Europe's 2003 heatwave hit France and its health sector hard. A 60% increase in deaths – close to 15,000 people – was recorded during the 16-day heatwave. The French government found that heatwave monitoring before and during the summer was insufficient. So a heatwave warning system was developed to respond quickly with life-saving actions involving both hospitals and public health workers. The system aims to give public authorities three days warning that a heatwave may occur so measures can be implemented under the "national heatwave plan." In parallel, a volunteer "syndromic" surveillance system now operates in at least 120 health facilities to monitor the number of patients presenting to emergency departments with heat-related illnesses. The system shows that hospital emergency departments can provide real-time information on heatwave illness to allow authorities to take early action to save lives.



Source: Météo France



Haiti

The 2008 hurricane season in Haiti was highly intense, with three major tropical storms (Ike, Gustav and Hannah) hitting the country within two months. More than 800 people were killed and critical infrastructure was severely damaged. The city of Gonaïves was one of the hardest hit areas, with its 175-bed Providence Hospital completely lost. The hospital served a population of more than 1.8 million people in and around Gonaïves. In response, the Ministry of Health, with WHO support, is tackling ways to prevent such tragedies in the future. Sites on higher ground are being located to build the new hospital so that it can be protected from future floods. The new hospital, if built as planned, will comply with all the standards to make it a "Safe Hospital".

time, we are losing about ten times fewer lives than we were fifty years ago.

So we have more disasters today but fewer people are dying. Why?

This is mainly because of better early warning systems and better use of these early warning systems by all socioeconomic sectors. The health sector is making very effective use of this early warning system. But at the same

time the disasters are all different. An earthquake is not the same as a tropical cyclone, which is not the same as a flood. So what is important is to put in place a multi-hazard early warning system, so that irrespective of the disaster, we can use the same approach, taking into account the special effects of each hazard. But at the same time it is very effective for disasters which happen very infrequently, like the Tsunami that may "only" happen once

every hundred years in Indonesia, it is very important to have in place a multi-hazard warning system that can be tested and used for all kinds of disasters. And this must involve communities, the health sector, the meteorological sectors, the civil protection, all the other actors who work together through national disaster management structure so that they work together for the best results. ■



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UN SECRETARY-GENERAL'S MESSAGE ON WORLD HEALTH DAY



When disaster strikes, well-prepared, functioning medical services are a priority. Floods, earthquakes and other natural disasters can take a terrible toll on human life. So, too, can infectious disease outbreaks and man-made disasters, such as chemical spills or radiation accidents. Hospitals, clinics and other health facilities must react swiftly and efficiently. They must also provide safe havens, and not become disaster zones themselves.

When a hospital collapses in an earthquake, burying patients and staff, the human cost multiplies. When an infectious disease spreads because a hospital is poorly ventilated or constructed, or because health care workers lack adequate training, we are failing people at their most vulnerable.

To focus attention on these simple but important principles, World Health Day for 2009 has adopted the campaign slogan: "Save lives. Make hospitals safe in emergencies". It is a global call to action for countries to work to prepare their health systems for emergencies. Collaboration between different United Nations entities and other international actors is crucial to helping countries to achieve this goal. The World Disaster Reduction Campaign for 2008 has pooled the efforts of the World Health Organization, the UN International Strategy for Disaster Reduction and the World Bank towards making health facilities more able to stand up to cyclones, earthquakes and other hazards.

We must protect public health by designing and building health care facilities that are safe from natural disasters. We must also ensure they are not targeted during conflicts. Health care workers must be trained to work safely in emergencies, so they can save lives, rather than becoming victims themselves. And we must guarantee the continuity of the health services that a community relies on, such as immunizations, dialysis and the delivery of babies, once the immediate emergency has passed.

We cannot prevent all disasters. But we can work together to ensure that when they occur, hospitals and other health facilities are ready and able to save lives. ■



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WHO TAKES LEAD ON HEALTH AS UN TACKLES CRISES



WHO/Shareef Sarhan

The “cluster” approach – as a means of coordinating humanitarian action – emerged from United Nations reform in 2005.

Nick Cumming-Bruce examines the challenges the World Health Organization faces in leading health clusters in twenty-four countries.

Rolling out a health cluster for Gaza at the height of the recent conflict met with some unexpected challenges. Arriving in Jerusalem in early January this year, WHO's Patricia Kormoss, like many other aid

agency personnel, could not enter Gaza because of security problems. Even personnel inside the territory could not always move around because of the intensity of the fighting. Yet the need was great. Health fa-

cilities, some of them battered by shelling, were desperately struggling to keep up with the flow of injured.

Kormoss quickly instituted bi-weekly meetings in Jerusalem and Ramallah with medical partners, Palestinian authorities and donors, and set up a system to report the latest health developments in Gaza in regular updates posted on the internet. Together, they set out priorities for service delivery in the crisis, which were later used as the basis for a flash appeal to the UN's Central Emergency Rotating Fund and a revision of Gaza's application for humanitarian aid to the Consolidated Appeal Process.

But on top of these challenges, Kormoss was confronted by a massive surplus of medical supplies. Governments and organizations, trying to help, had shipped some 7000 tonnes of medical supplies to Gaza, often without packaging lists. The Palestinian Ministry of Health hired nine extra warehouses to accommodate these donations and the work of sorting through them is still under way.

Kormoss also found herself fielding phone calls from medical teams that had arrived unannounced in search of a role. Gaza's hospitals were short of some specialist skills – for example neurosurgeons – but “they did not need medical staff”.



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WHO/Shareef Sarhan

Ambulances and health staff were also affected by the recent violence in Gaza.

These are the kind of problems that the cluster approach, in which one agency takes on overall responsibility for coordinating and implementing the response to a specific aspect of an emergency or protracted crisis, is designed to address.

The cluster approach emerged from the reform of humanitarian assistance launched by the United Nations (UN) in 2005 to address its failure to deliver timely assistance to Darfur and to manage effectively the flood of assistance after the 2004 Asian tsunami.

As part of that reform, the UN's Inter-Agency Standing Committee agreed to establish nine global clusters (later increased to eleven) in a bid to strengthen leadership, coordination, accountability and predictability in tackling crises. The approach was first used in response to the Pakistan earthquake in 2005. Since then, it has been rolled out in twenty-four of the twenty-six countries where the UN has humanitarian coordinators, and it is

the agreed coordination framework for all new emergencies.

For Dr Eric Laroche, Assistant Director General of Health Action in Crisis at the World Health Organization (WHO) and its representative on the UN's Inter-Agency Standing Committee, health clusters mark a major step forward from the previous loser efforts at sectoral coordination, which depended largely on the willingness of partners to share information.

Most importantly, for Laroche, the approach makes the lead agency, or co-lead agencies, accountable for the performance of their cluster by clearly stipulating their responsibility to ensure adequate coordination of activities by partners involved in its specified area.

"Ten years ago accountability was shared among all the actors, now for health it falls on WHO", says Laroche. "When people see an epidemic spreading, they turn to us and say:

'What are you going to do?' That's quite new."

Second, the cluster system aims to push beyond unstructured information exchanges "to have a common analysis and a commonly agreed strategy", says Laroche, adding that this was not always the case with the sector coordination of the past.

Third, the approach seeks to deliver predictability in tackling emergencies and crises. "If something happens somewhere, we need to be predictable in our response and the coordination that we have to provide", Laroche says.

Greater cooperation between agencies on logistical support is also starting to contribute to the predictability of responses. WHO and the World Food Programme now share five logistics hubs to store supplies and several nongovernmental organizations (NGOs) are starting to use these as well.

"When you have the same stores, you know who has what, and if there is a big bang somewhere you know where there is going to be a gap in equipment and drugs. Our work is more likely to have reliable results by filling the gaps in a sustainable way, rather than just coming into an emergency [and then reacting to the situation]", Laroche says.

Supporting its development, the health cluster has proved to be one of the biggest recipients of funding from the Central Emergency Response Fund, which was created as part of the same UN reform effort to ensure responses to emergencies are not blocked by lack of money. Of a total of US\$ 1.1 billion disbursed by the Fund since March 2006, a little over a quarter (or US\$ 205 million) has gone to sixteen health clusters; second only to the food cluster, which received 29% ac-

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cording to Brian Grogan, humanitarian affairs officer at the Fund.

Still, putting concepts adopted by the UN Inter-Agency Standing Committee into practice on the ground has not been easy. An independent evaluation it commissioned in 2007 concluded that “the costs and drawbacks of the new approach are exceeded by its benefits for sector-wide programming, and the new approach has begun, slowly, to add value”.

But the evaluation also turned a critical spotlight on weaknesses. “There has been no observable increase in ultimate accountability,” the report found, “there is acknowledgement that large gaps continue to go unfilled”.

“Preparedness and surge capacity have improved at the field level,” the report also noted, but “results of the global cluster capacity-building effort have not materialized in major ways in field operations”. UN officials and NGOs share a perception that the performance of health clusters has varied and often depends less on the institutional structure than on the experience and competence of individuals on the ground.

Funding also remains a sensitive issue, particularly for NGOs. “The money is always dispensed through UN agencies and the trickle down to NGOs is not as quick or effective as it should be,” says Linda Doull, Director of Health and Policy at the United Kingdom charity Merlin, which co-leads the health cluster created in Myanmar after Cyclone Nargis in May 2008.

“Certainly you can point to difficulties, it’s not smooth yet, but people are continually seeing improvements. It’s still a work in progress,” says Erin Kenney, who manages the secretariat of the global health cluster in Geneva.

“There’s been a lot of progress since Pakistan,” says Kormoss, a veteran of that operation and of later clusters rolled out in Afghanistan and Indonesia. In Pakistan there were no tools, terms of reference or guidance documents. In Gaza, Kormoss found WHO’s 4W (who, what, where, when) tool and Health Resource Availability Mapping System (HeR-

AMS) to be invaluable aides to managing the deployment of resources and services. “Partners really appreciated these tools, they could see what was going on, where there were gaps.”

Substantial effort has gone into developing guidance for health cluster coordinators, explaining how the system works, how to handle a common needs assessment, how to undertake gap analysis and how to apply it in practice. “It’s 99.9% complete and will be rolled out this year,” says Doull, who is a member of the Inter-Agency Standing Committee Global Health Cluster working group dealing with these issues.

Other initiatives started in the past year include training to build up the core competence of health cluster coordinators and tri-cluster training for the Health, Water, and Sanitation and Nutrition clusters that has

been developed to strengthen awareness of overlapping needs.

“The global partnerships that we are building are starting to translate into more cooperation and collaboration at the country level,” Kenney says. “Staff at the country level are starting to have expectations about how things should work. We’re not all using the same roadmap yet, but it’s going in that direction.” ■

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MÉDECINS SANS FRONTIÈRES (MSF)

RESPONDING TO EMERGENCIES



Belet-Weyne Hospital (Somalia): through local staff, MSF is still providing secondary health care, including emergency surgery in a town of 60,000 inhabitants.

Médecins Sans Frontières (www.msf.org) is an international, non-profit organization created in 1971, and currently represented by nineteen sections worldwide, including five operational centres. MSF's charter puts medical action at the centre of its operations, responding to the needs of populations in distress, victims of natural or man-made disasters, and victims of conflicts. MSF adheres to the humanitarian principles of neutrality, impartiality and independence. The organization is currently operating medical projects in more than seventy countries.

From the onset of its history, MSF has been developing a considerable expertise in responding to medical and humanitarian emergencies. Although outreach strategies are sometimes more appropriate, medical and logistical assistance to existing health facilities and infrastructures remain, whenever possible, the core objective of emergency responses by MSF teams of volunteers. Given the nature of environments where MSF clas-

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sically operates (war zones, politically unstable areas, outbreaks, displaced populations), the safety of beneficiaries is often one of the most challenging problems to be addressed in emergencies. This can take a number of dimensions, depending on the level where individuals' safety is threatened.

Access to health care facilities to seek emergency care is often undermined by ongoing wars, either directly or indirectly. Insecurity on the way to hospitals can result incidentally from the fallout of current combats or worse, from the deliberate contempt of

humanitarian conventions protecting civilians or wounded combatants. Together with the International Committee of the Red Cross, MSF is one of the few organizations which have both ambitions and resources to access populations during ongoing conflicts.

In other circumstances, rampant conflicts involving uncontrolled militias lead to civilian populations chronically being exposed to lawlessness and to utter deprivation, particularly women and children. Offering safe access to care to such victims of protracted conflicts is among the endeavours of MSF. This involves keeping facilities running and offering minimal services, under circumstances where they would naturally fall out of operation by lack of personnel and supplies.

Outside of any particular conflict, under-resourced health facilities can be themselves the theatre of unsafe medical practices generating additional disease burden. This can take acute, emergency proportions during outbreaks of cholera or viral

haemorrhagic fevers for example. MSF is recognised worldwide for its capacity to respond to such outbreaks within days, bringing expertise in safe patients' care and sanitation within affected health facilities.

Finally, there are circumstances whereby the personal safety of MSF volunteers themselves can no longer be guaranteed, as a result of the intensity of ongoing conflict or the targeting of humanitarian actors, regardless of their neutrality and impartiality. In Somalia, MSF teams of regional and international expatriates have recently been compelled to withdraw from permanent field presence due to escalating insecurity. Skilled MSF national staff members keep operating MSF facilities on the ground. Organised from Nairobi by coordination team members, flash visits, programme monitoring, and comprehensive trainings allow quality of care to be maintained from a distance. ■

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SAVE LIVES

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This year's World Health Day theme – make hospitals safe in emergencies – was chosen because there is growing recognition around the world that when disasters strike and wars erupt, health services must be able to help survivors and take care of the routine needs of the communities. The campaign calls for hospitals to be able to remain stable and safe in the face of an onslaught of a disaster and keep functioning to provide life-saving health services for all those who need it.

Natural disasters such as floods, hurricanes or earthquakes and armed conflicts or wars can all lead to public health emergencies. In some situations, outbreaks of disease can also lead to an emergency. Hospitals themselves can sometimes worsen an epidemic because they are badly designed, damaged or not able to function properly. Other causes of emergencies include: tsunamis, famine, drought, chemical spills and large-scale accidents.

Emergencies can take a heavy toll on human life and health. Natural disasters alone have killed 235 816 people in 2008, a death toll that was almost four times higher than the average annual total for 2000–2007. Two events – Cyclone Nargis which left 138,366 people dead or missing in Myanmar, and the Sichuan earthquake in south-western China which killed 87,476 people – accounted for the vast majority of deaths. Natural disasters affected 211 million people in 2008 and cost US\$ 181 billion. Asia was home to nine of the countries in the world's top ten for disaster-related deaths. Floods were one of the most frequent disasters along with other weather-related events.

Emergencies damage hospitals and destroy health services

By damaging or destroying hospitals and other health facilities, emergencies can disrupt or even halt life-saving services. Structural and infrastructural damage may be devastating exactly at the time when health facilities and health services are most needed. Health workers and patients can be killed in collapsing hospitals. The number of other deaths and injuries is compounded when a hospital is destroyed or can function only partially. Health facilities should be able to provide care when disasters strike but, if they are damaged or put out of action, the sick and injured have nowhere to get help. But functional collapse, not structural damage, is the usual reason for health facilities failing in emergencies. Functional collapse occurs when the hospital or clinic can no longer perform because the disaster has overloaded the system.

Not only are survivors of a disaster unable to

Things to know about the World Health Day Campaign 2009:

- Focuses on safety of hospitals and clinics and other types of health facilities such as laboratories.
- Aims to ensure hospitals and clinics are able to withstand and function in the aftermath of natural disasters, wars and in some cases, outbreaks of infectious diseases.
- Is relevant for all countries, both rich and poor
- Looks at strengthening hospital's physical structure and function
- Requires health workers are protected in emergencies and trained to function when an emergency happens.
- Calls on all countries to take action that is doable, affordable and that makes sound economic sense.

Why make hospitals safe in emergencies?

1. Save lives, protect health
2. Protect investment
3. Safeguard social instability

What is World Health Day?

When WHO was created in 1948, there was a call by the Members who formed the First World Health Assembly for the creation of a "World Health Day" to mark the founding of the World Health Organization. And since 1950, World Health Day has been celebrated on WHO's birthday on the 7th of April annually. Each year a theme is selected for World Health Day that highlights a major public health concern for people all over the world.


World Health Day themes are as relevant to the international community as to lives of people in villages and towns across the world, in countries both rich and poor. Although launched on a single day, World Health Day is just the start of a year long campaign to focus people's attention on a particular health issue and aims to bring about policy change for better healthy.

receive care, but people who need routine health services are left without them. These include women who need help in child birth, children who need routine vaccines, and those who need regular treatment for HIV/AIDS or depend on dialysis or surgery to stay alive.

Disasters may destroy not only architectural spaces, such as laboratories or operating theatres, but also:

- wipe out medical records as well as medical and support services;
- damage non-structural elements, such as water heaters or storage tanks, mechanical equipment, shelving and cabinets, which enable the facility to operate and often account for 80% or more of the facility's cost;
- kill or displace health workers, thus compromising care for the sick and injured;
- prevent the delivery of medical supplies, equipment, food, water and other critical resources;
- leave facilities with limited capacities to help when equipment and drugs are looted.

Health facilities play vital roles during emergencies by providing acute emergency health care to the injured such as emergency surgery and blood transfusions. They provide life-



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saving services to the critically ill – as in outbreaks of communicable disease. Health facilities deliver longer-term medical and health care to communities, such as maternal and child services, management of chronic diseases and mental health services and psychosocial support, in urban, rural and remote areas. Health facilities also offer triggers for the early warning and detection of communicable diseases by regularly collecting and analysing data on cases and deaths, and provide critical health services, through therapeutic feeding centres, laboratories, blood banks, ambulance services, rehabilitation facilities, aged care facilities and pharmacies.

We know how to protect hospitals from emergencies

Planning and preparation are needed to protect health facilities and ensure they can keep providing health care during and after emergencies. Also building hospitals safe from disaster or making existing ones safer by retrofitting can be cost-effective.

- Health facilities should establish an emer-

gency planning committee responsible for preparing and implementing an overall emergency preparedness programme.

- A well-chosen site enables the hospital or other health facility to avoid many emergencies and to keep functioning if one occurs.
- A proper safety assessment of existing facilities and measures to address hospital's vulnerabilities will protect staff and patients and ensure the facility can cope in an emergency.
- The protection of infrastructure, equipment and staff and patient security will enable health facilities to function more effectively in emergencies and will save more lives.
- Building partnerships and ensuring co-ordination in the development of health facilities between the health officials, funding sources, architects and builders, and emergency services will strengthen the facilities' safety and its response in an emergency.
- Adhere to international humanitarian laws that call for the protection and neutrality of

health facilities, staff and services during conflicts.

Making hospitals safe makes good economic sense

Building a hospital is a significant capital investment. In many countries, as much as 80% of the health budget is spent on building hospitals and other health facilities.

In calculating the cost of a hospital, one must include both the structure itself and the non-structural elements. However building health facilities safe from disaster or making existing ones safer by retrofitting is surprisingly cost-effective. In many new health facilities, incorporating disaster protection from earthquakes and extreme weather events into the designs from the beginning will add no more than 4% to the cost. The extra cost will become negligible if the health facility is resilient and can keep providing care during emergencies. Retrofitting non-structural elements in an otherwise structurally sound facility costs about 1% of the hospital's budget but will protect up to 90% of its value.

Call to Action!

No country is immune to disasters and emergencies. WHO calls on all countries to:

- Protect and train health workers in emergencies
- Plan together for emergency response
- Adopt national policies and programmes for safe hospitals
- Assess the safety of your hospital
- Design and build resilient hospitals
- Protect equipment, medicines and supplies. ■

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STATEMENT BY UNICEF EXECUTIVE DIRECTOR ANN M. VENEMAN ON WORLD HEALTH DAY 2009



About the UNICEF Executive Director:

Ann M. Veneman was appointed by the United Nations Secretary-General as UNICEF's fifth Executive Director on May 1, 2005. As the leading children's agency of the UN, UNICEF is on the ground in more than 150 developing countries helping children to survive and thrive. The agency works to advance the Millennium Development Goals by supporting child health and nutrition, quality basic education for all, access to clean water and sanitation and the protection of children from violence, exploitation and HIV/AIDS. Veneman directs a global agency of over 10,000 staff and annual total resources of more than \$3 billion. Since becoming Executive Director, she has traveled around the world, witnessing firsthand the work of UNICEF, speaking at meetings and conferences, and visiting heads of state or government and other partners. Prior to joining UNICEF, Veneman held positions in both state and national government including United States Secretary of Agriculture. Veneman holds a bachelor's degree in political science from the University of California, Davis; a master of public policy at the University of California, Berkeley; and a juris doctor degree from the University of California, Hastings College of the Law.

"The critical importance of healthcare to emergency response is the theme for this year's World Health Day 2009. The annual day commemorates the founding of the World Health Organization (WHO).

"The impact of man-made and natural disasters falls disproportionately on women and children. Where healthcare systems have been disrupted by disasters, children are at greater risk of disease.

"When emergencies become more protracted and complex, the prospects for disease increase and the proportion of children reached through health interventions decreases.

"The primary health conditions that cause children's deaths in emergency situations remain much the same as they are where there is no emergency – measles, malaria, diarrheal diseases and acute respiratory infections.

"However their incidence and their effects are compounded by nutritional deficiencies that are another consequence of emergencies, and by reduced access to health systems and treatment.

"The health of women and children must be a primary consideration, and their needs assessed, in every emergency response." ■

Further information

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HEALTH WORKERS: HEROES UNDER THREAT, UNDER PRESSURE



Disasters and emergencies are not new for Dr. Mubashar Shiekh. Until recently he was Country Representative for WHO's office in Iran. He has worked in several emergencies internationally and has first hand experience on the devastation caused by natural disasters and wars. He knows how emergencies destroy and damage hospitals and health workers, cutting of health services to survivors and communities when they are most needed. Now as head of the Global Health Workforce Alliance¹, Dr. Shiekh draws attention to why WHO's call to make hospitals safe in emergencies is so important, especially from the perspective of health workers who can be the first victims of a disaster or the frontline of response.

Tell us a little about your own experience in emergencies

In 2003, when I was WHO representative in Iran, there was a devastating earthquake in Bam which destroyed almost the entire community within a few seconds. 100% of the health facilities collapsed to the ground and 70% of the health workforce died within the first few minutes of the disaster. You can imagine the situation we were facing - it was an emergency within an emergency situation where the first kind of assistance necessary is providing care and relief to the injured.

In such situations, there are two requirements – the infrastructure and someone to deliver the services. In the Bam situation, we did not have any of those facilities – you can of course build temporary facilities, but if you don't have the trained, the right kind of health workers you are simply in deep trouble. There were a lot of lessons learnt from the Bam disaster. First was that health infrastructure needed to be sustained during an emergency. Second was that we had to have proper preparedness plans. Preparedness plans need to be shared with the staff, who need to be trained on them and the plans need to address the needs not only of patients, but also of the health workers. Subsequently, WHO along with other partners took a number of steps to mobilize health workers from surrounding areas. This was not easy. But I can assure you that if you learn the lessons, things can change over a short period.

We had another earthquake in Lauristan, Iran in April 2006 and because the lessons were learnt – there was a proper preparedness plan, and a warning system. The physical damage in terms of the overall structure was much greater, but the number of people who died, including the health personnel were significantly less compared to what we faced in Bam. This clearly emphasized the need to have functional health systems,



which are resilient, which has the basic ingredients to stay functional and also making sure that health workers are available.

Do you think health workers can be trained to deal with emergencies?

There are a number of existing programmes, but it is an area which needs much greater attention. WHO is also taking the lead in emphasizing various phases of response and emergencies and one of the fundamental response in preparedness – if you want to have better response and relief mitigation efforts subsequently. Within that it is important to also have the staff trained, with a comprehensive plan with clear roles and responsibilities of various levels, categories, and the linkages between various staff. Coordination mechanisms in time of emergencies need to be clear as is having the right kind of back up mechanisms in place – i.e. medicines and other support which are necessary.

How do health workers cope with emergencies?

Importance must also be given to the psycho-social needs of the health workers- it is not only the populations which suffer.



More often it is the health workers who are at the forefront. I have seen cases where health workers may have survived, but they have lost members of their family, friends and loved ones. So they are going through a phase where they have the moral responsibility to be at the forefront and help others and at the same time to overcome their grief and personal challenges faced in such emergencies.

How in your view can health workers be protected in armed conflict?

This is an issue which goes much deeper. We need a response at the political level, leadership level, within sectors and in civil society. Health workers are here to serve everyone and we must recognize that and protect them. We have seen a number of armed conflicts and emergencies which have severely affected the health workforce. We have also seen in countries instances where large populations, including health workers, were forced to migrate for safety reasons, despite their desire to work. We need to make sure they are protected, respected and supported before, during and after emergencies, so that the impact of disasters, natural or otherwise are minimal.

What is your message on this theme of WHD this year calling countries to make hospitals safe in emergencies?

From the perspective of the Alliance, this issue is very critical given the fact that globally we are facing a huge shortage of health workers. Reports in 2006 state that we are short of four million health workers globally, especially in countries which are more prone to disasters and emergencies. We are already in the process of helping countries, with WHO and other partners, to address their health worker shortages by scaling up, by providing training programmes, building the infrastructure, building training institutes, improving retention incentives, etc. despite all these we can find ourselves in a situation where there is an emergency which negates all the positive impact and changes so far. That is why it is more important while we are scaling up as an Alliance, the World Health Day message and policy and approach of making sure health facilities are resilient during emergencies is so important. Training programmes of health workers, pre-service as well as in-service training programmes must be part of the curriculum, must address the issues of how they must react before, during and after an emergency. This is the only way if we want to make sure lives are saved and health facilities are functional during an emergency! ■

¹ The mission of the Global Health Workforce Alliance (GHWA) is to work through the coordinated actions of its members to ensure a motivated and skilled workforce is trained, supported and retained in sufficient numbers to overcome the crisis in health care provision, to move towards universal access to prevention, treatment and care against major health problems, and to accelerate achieving the health-related Millennium Development Goals (MDG)

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TEXT : P.VIROT/WORLD TRAVEL MAGAZINE

Namibia, former South West Africa, is where the world's tallest sand dunes are: in the Namibian desert – and it was here, at Dune 45, that people would see heaven and earth collide with the rising sun. The Namib-Naukluft National Park is the largest ecological preserve in Africa measuring about 19,300 square miles (50,000 km²). It is a picture of beauty and elegance: golden-red sands shining down upon the barren earth below.

The highest dune in the Sossusvlei region is called Big Daddy; it rises more than 1000 feet (300 m) high, at a 45-degree angle. The desert's most popular and accessible feature is known as Dune 45, which reaches more than 560 feet (170 m). ■



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SERVICES TECHNIQUES DES BÂTIMENTS À L'OMS

Lors de sa création en 1948, les bureaux de l'Organisation Mondiale de la Santé étaient au Palais des Nations, et ce jusqu'au milieu des années 60. Mais bien vite les locaux disponibles devenaient de plus en plus exigus. C'est pourquoi, l'Assemblée Mondiale de la Santé vota la construction d'un nouveau bâtiment avenue Appia qui sera le siège de l'OMS.

TEXTE & PHOTOS CLAUDE MAILLARD

Jean Tschumi, architecte suisse de renom décrochera la réalisation du complexe dont l'inauguration aura lieu en mai 1966.

Avec ses dix étages de bureaux, salles de réunions, locaux techniques et administratifs, le bâtiment principal, ainsi que toutes les annexes qui accueillent quotidiennement 2500 employés et de nombreux visiteurs gèrent de nombreuses réparations, et un entretien permanent et attentif est nécessaire. Pour cela, BPM a l'œil et, au moindre problème, par l'intermédiaire du service technique adéquat, la solution est trouvée dans les plus brefs délais.



BPM (Gestion des bâtiments et locaux)

BPM s'occupe donc de la gestion, de la maintenance et des nouveaux projets concernant les bâtiments de l'OMS. Coordonner les différents services techniques internes et planifier les travaux exécutés par les entreprises extérieures font partie du quotidien du département à la tête duquel on retrouve François Campiche, architecte de profession, assisté d'Olivier Sibut-Pinote, ingénieur civil. Dernier exemple en date de leur savoir-faire, le chantier de rénovation de la salle du conseil qui demanda onze mois de travaux. Parmi les projets à venir, le ravalement des façades des bâtiments ainsi que le change-

ment des systèmes de distribution du chauffage dans les locaux. Également au planning, le nouvel immeuble D qui va voir ses zones OMS complètement réaménagées.

Côté environnement... et économies, les gestions de l'eau, de l'électricité et du chauffage sont aussi à l'étude. A maintes reprises, BPM est amené à superviser diverses missions à l'étranger, notamment à Kuala Lumpur, siège du Global Management System.



AIR (Climatisation et sanitaire)

A la base, ils ont chacun leurs spécialités. Bernard Dufaug s'occupe de la production de froid et des appareils de climatisation, Daniel Javerzat, des systèmes de régulation et de l'électromécanique des systèmes CVCS (chauffage, ventilation, climatisation et sanitaire) et Gino Lanza, de son côté, est spécialisé dans le domaine du sanitaire. Quant à Daniel Laracine, il est le maître dans le secteur chauffage. Mais, polyvalence oblige, chacun touche à tout, ce qui renforce encore la très bonne entente qui règne au sein de ce groupe AIR dirigé par Philippe Guislain. Technicien en chauffage, le haut savoyard a délaissé son entreprise de Megève pour rejoindre l'OMS en 1996.

Pour chauffer les différents bâtiments de l'Organisation, 827 000 litres de fioul sont en-

gloutis annuellement par quatre grosses chaudières développant 10 000 Kw (d'une puissance pouvant chauffer cinq cents villas de 150m²!) et 74 kilomètres de tuyauteries sont nécessaires. Quant à la puissance froid (5900 Kw), elle est équivalente à celle de 4000 réfrigérateurs! Autres chiffres impressionnants, la consommation d'eau annuelle de 52 millions de litres et le débit d'air pulsé dans les bâtiments de 400 000 m³/h.

AIR doit également gérer l'entretien d'une quarantaine de centrales de traitement d'air, de 281 appareils de climatisation et production de froid, de près de mille appareils sanitaires... et s'occupe aussi des réseaux d'arrosage et d'incendie.



ELM (Electromécanique)

Se retrouver à la tête du groupe Electromécanique de l'OMS après la disparition tragique de Jacques Morel-Chevillet en février 2006 demandait un sacré professionnalisme. Pierre Besson, alors électrotechnicien au sein du groupe, était tout désigné pour lui succéder. Assisté de Pascal Wynar et de Fabrice Paciocco, électricien sous contrat d'une entreprise externe, «Pierrot» a rarement le temps de faire relâche. Il faut dire qu'un bâtiment qui consomme en un mois l'équivalent de dix ans d'un foyer moyen demande une grosse maintenance! En plus des centaines de kilomètres de câblage électrique et informatique, ELM gère une centaine de tableaux électriques, trois stations moyenne tension (18 000 volts convertis en 380 volts) et s'occupe aussi de l'entretien des deux groupes électrogène de secours. S'ajoutent à cela toutes les commandes d'éclairage, la gestion des centrales de détection incendie et l'entretien des systèmes de contrôle d'accès des portes d'entrée. Et comme si ce n'était pas assez, la maintenance du matériel de manu-

tention, l'entretien mécanique et électromécanique des machines du restaurant, ainsi que le service de première urgence des ascenseurs, font aussi partie de leur travail.



GAP (Jardins et bâtiments)

Métallier de profession, Patrick Prost est à la tête du groupe GAP depuis neuf ans. Son département regroupe les différents services techniques, tels que la menuiserie et la serrurerie (avec Thierry Vallée), la maçonnerie et la peinture (avec José Vazquez). Pose de moquette et de carrelage, remplacement des vitres et des stores sont également de son ressort. Avec 125 000 m² habitables à s'occuper et environ trois cents clefs à gérer, le travail ne manque pas pour l'équipe de seulement quatre personnes.

Mais ce n'est pas tout, GAP est aussi responsable de tous les espaces verts de l'OMS. Philippe Dubos, jardinier, assisté de «Tonio» (sous contrat avec une entreprise extérieure) s'occupe de 30 000 m² de pelouse et de massifs de fleurs, d'une centaine de bacs en hydroculture, des jardins indien & japonais... et gère également le matériel de déneigement. Le «team Prost» s'occupe en plus de mettre en place les quelque deux cents drapeaux (et autant de mâts) pour l'Assemblée Mondiale et la Journée Mondiale de la Santé et a sous sa responsabilité toutes les destructions de médicaments périmés et déchets provenant du service médical (seringues, sang, etc.).



CLG (Nettoyage et lingerie)

François Vilallonga, est le «Monsieur Propre» de l'Organisation Mondiale de la Santé! Une

telle surface de carrelage, moquettes, parquets, marbre, sols PVC et résine, à laquelle il faut rajouter 20 000 m² de baies vitrées et fenêtres, cela demande beaucoup d'entretien et... de main-d'œuvre. Rien que pour ce travail, treize personnes à plein temps et septante personnes à temps partiel (de l'entreprise ISS) sont à l'ouvrage dans les sept bâtiments qui constituent l'OMS. Mais ce n'est pas tout. CLG gère aussi, via des entreprises externes, les programmes de dératisation et de désinfection des locaux, les services d'équipement des sanitaires, les fontaines à eau mobiles et le département blanchisserie et teinturerie (linge médical, uniformes des gardes, habits du personnel des services techniques, rideaux...). C'est ce même département qui a la responsabilité du bon suivi des drapeaux des états membres de l'OMS.

Mais, qui dit nettoyage, dit aussi gestion des déchets. Avec une moyenne de quarante tonnes de papier à recycler par mois, le tri sélectif «pet» (bouteilles plastique), les réceptacles à piles, les déchets verts, le carton et le verre (notamment avec les restaurants et cafétérias), le travail ne manque pas. Et puis, d'octobre à mars, un piquet neige est aussi au programme de CLG pour organiser le déneigement du site de l'OMS.

La tâche de François Vilallonga est donc de coordonner les activités de toutes ces entreprises privées, d'établir les différents cahiers des charges, de s'occuper des appels d'offres ainsi que d'assurer les différents travaux administratifs inhérents au poste.



MVE (Déménagements et mobilier)

Il n'est pas un jour sans les croiser dans les longs couloirs de l'OMS, tractant leurs petits chariots. Ce sont les hommes de MVE, service chargé des déménagements, des cloisons mobiles et du mobilier. Ils ont pour noms Olivier Artique, Jean-Philippe Descombes, Yunus Kilic, Sébastien Téfy et Jean-Paul Triquet. Pour les aider, Lionel Regad et Paolo

Sousa-Ferreira, deux temporaires venus d'entreprises externes.

Il faut dire que, avec plus de trois mille bureaux à s'occuper (répartis sur le site principal de l'OMS, mais aussi à Châteleine, à Casai et au Centre œcuménique), l'équipe dirigée par Patrick Lobert ne chôme pas. Et ne parlons pas des différentes réunions et conférences qu'ils doivent agencer et l'aide aux unités qu'ils doivent bien souvent traiter dans l'urgence. Et toujours avec la gentillesse qui les caractérise...

Mais nous ne pourrions pas parler de tous ces services techniques, de leurs compétences et de leur efficacité, sans citer celle qui coordonne le travail de tous ces différents corps de métier: Edwige Gailhac.

En plus de gérer toute la partie administrative avec sa quantité de paperasserie, Edwige s'occupe également de la préparation des budgets et, tâche pas forcément la plus facile en ce moment (avec les problèmes liés au GSM), des contacts et règlements des fournisseurs et des entreprises externes. ■



CONTRE LE POIDS DES MAUX, UN TRAITEMENT DE « SHOC » !



JOËLLE MENETREY, OMS

La récente épidémie de grippe porcine l'atteste plus que jamais, l'OMS avait besoin d'un outil permettant de détecter très rapidement une menace. Maladie infectieuse, catastrophe naturelle ou alerte chimique, la riposte devenait indispensable pour venir en aide aux pays, dans les coins les plus reculés comme dans les mégapoles, de manière immédiate et coordonnée et améliorer encore les résultats obtenus en matière de santé.

Cette réflexion a donné naissance, en 2004, au Centre stratégique des opérations sanitaires (SHOC). Programme de l'Organisation mondiale de la Santé (OMS) où sont collectées et traitées les données qui transitent sur la toile, «SHOC» est doté d'une technologie de pointe, virtuelle et matérielle, digne d'un film de James Bond – à faire pâlir les techniciens de la NASA!

Dans l'ancienne salle de cinéma, au deuxième sous-sol de l'Organisation, le personnel traque sur le Net toute information, tout indice cités dans un journal en ligne, site médical, chaînes de télévision du monde entier, même un blog, pour détecter les signes avant-coureurs de maladie. Le Centre couvre

des domaines aussi variés que des exercices de sécurité sanitaire, la surveillance d'un événement médiatique comme les Jeux olympiques, un empoisonnement au thallium en Iraq, un tremblement de terre en Chine ou au Pakistan, un cyclone au Myanmar, toutes circonstances où la santé des populations est mise en péril.

En période de crise, le personnel est sur la brèche 24 heures sur 24, se relayant pour suivre pas à pas le déplacement d'un virus sur écran haute définition à la manière des cartes météo, pour soutenir et conseiller les instances sanitaires ou des organisations non gouvernementales par vidéoconférence et communications téléphoniques. Les données sont disponibles par chaque membre de l'équipe du Centre et chacun peut apporter ses notes et recommandations. Ces échanges virtuels réduisent considérablement la présence sur le terrain de nombreuses personnes, diminuant ainsi les risques de contamination et de transmission encourus tant par les personnels de santé que par les populations tout en fournissant l'aide essentielle.

L'accès aux données et leur utilisation doivent être universels et pouvoir instantané-

ment bénéficier au médecin de campagne comme au plus haut dirigeant sanitaire, qu'importe le lieu où il se trouve. Prenons pour exemple cet épidémiologiste envoyé loin de toute civilisation pour vérifier un cas de maladie – dont on ignore encore parfois même le nom –, ne disposant pour bureau que d'un grand carton où sont posées des pages remplies de notes et n'ayant pour outil de communication que son téléphone cellulaire. Les instructions «en direct» et les moyens nécessaires à la riposte lui sont vitaux pour endiguer tout risque d'épidémie. C'est pourquoi l'équipe du Centre stratégique se penche sur le problème complexe de la diffusion mondiale afin de développer les techniques de communication interpersonnel: comment faire passer le maximum d'informations, même dans les lieux les plus inaccessibles de la planète, avec une technologie restreinte mais compréhensible de tous.

Les responsables sanitaires et personnalités politiques sont très intéressés par cette installation stratégique; tous voudraient bénéficier de ses avancées technologiques marquantes pour préserver la santé de leurs peuples, et certains viennent visiter le Centre pour doter leur pays d'une salle identique. Les connaissances, l'expérience et l'appui technique de M. Zimmerly, *Operations Manager*, et de M. Jered A. Markoff, *ICT officer*, du Centre stratégique, leur sont très précieux.

L'OMS, ses Etats Membres et ses partenaires ont créé un cadre stratégique pour réduire les risques de maladies infectieuses, donnant corps à l'essence même de la Constitution de l'OMS: «La possession du meilleur état de santé qu'il est capable d'atteindre constitue l'un des droits fondamentaux de tout être humain, quelles que soient sa race, sa religion, ses opinions politiques, sa condition économique ou sociale»; ce matériel d'avant-garde peut y contribuer. ■

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EXPOSITION DE, *PAX MUNDI* LE LIVRE D'OR DE LA PAIX



Du 23 février au 30 juin 2009, la Bibliothèque présente au Cyberspace «Pax Mundi», Livre d'Or de la Paix, ouvrage des archives de la Société des Nations.

Un chef-d'œuvre à découvrir

«Pax Mundi», Livre d'Or de la Paix, paru en 1932, réunit les messages autographes de personnalités politiques, d'écrivains, d'hommes de sciences et d'artistes des pays du monde entier. Il a été réalisé par la Ligue mondiale pour la Paix avec l'approbation de la Société des Nations, du Bureau international du travail et de la Cour permanente de Justice internationale.

Un hommage aux apôtres de la paix

Ce livre rassemble entre autre les signatures des défenseurs d'une paix stable, construite sur des bases juridiques, politiques et économiques solides, comme Aristide Briand, «le pèlerin de la Paix», et Fridtjof Nansen, premier Haut-commissaire pour les réfugiés auprès de la Société des Nations.

Il s'inscrit dans la période historique de l'entre-deux-guerres, la Première Guerre mondiale (1914-1918) et la Seconde Guerre Mon-

diale (1939-1945). Cette période, marquée par une volonté d'éviter le retour de toute guerre dévastatrice et de maintenir la paix universelle, voit la naissance de la Société des Nations en 1919 dont les principes fondamentaux du Pacte sont «développer la coopération entre les nations et leur garantir la paix et la sécurité».

La paix, un sujet d'inspiration

Armand Rastoul, Conservateur-adjoint de la Bibliothèque Nationale, écrit dans *Pax Mundi* «l'idée de paix est aussi ancienne que l'humanité» Son article «l'évolution historique de l'idée de paix universelle» dévoile tous les chemins que l'idéal de paix a parcouru avant de se réaliser dans une société de la paix, la Société des Nations.

La paix est toujours un sujet d'actualité et «Pax Mundi» rappelle la fragilité de l'équilibre de la vie internationale, et la permanente nécessité de nourrir l'idéal d'amitié, de fraternité et de solidarité entre les peuples. ■

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TURIN EN QUELQUES LIVRES

D'ABORD ON LIT... PUIS ON SAVOURE LA VILLE



Turin est une ville au charme particulier. Élégance hors du temps et modernité s'y côtoient. De magnifiques piazzas, palais et monuments témoignent de son noble passé sous les ducs de Savoie, devenus par la suite rois de Sardaigne et d'Italie. Au XX^e siècle, Turin est la ville industrielle et ouvrière par excellence. Aujourd'hui, elle semble se développer surtout dans le secteur du tertiaire.

**CRISTINA GIORDANO, BIBLIOTHÈQUE
DE L'ONUG, MASSIMO SARTORIS, CNUCED**

Turin se découvre une vocation culturelle, qui valorise son patrimoine, et un goût pour une sorte de nouvelle «dolce vita». Pour découvrir le Turin d'aujourd'hui et d'hier, nous vous proposons quelques ouvrages récents :



Torino 360° (édition bilingue, en italien et en anglais), paru chez Priuli & Verlucca, spécialistes en livres d'art et de photographie.

Turin sous son plus beau jour. Cent photos de Livio Bourbon et d'Enrico Formica, dont certaines en format panoramique, permettent de découvrir les hauts lieux de la ville. Des notes explicatives en retracent l'histoire. Dans l'introduction, Bruno Gambarotta, écrivain, journaliste et homme de spectacle, turinois d'adoption, adresse une véritable lettre d'amour à la ville et emmène le lecteur à la découverte de ses coins les moins connus, au fil des souvenirs.



Torino è casa mia, par Giuseppe Culicchia (Laterza, 2005). On pourrait rendre ce titre par: «Turin est mon chez moi». L'écrivain Giuseppe Culicchia (classe 1965) a écrit «un guide à Turin. Et Turin

est Turin. Ce n'est pas une ville comme une autre». Turin peut être comparé à une maison. «Comme dans chaque maison, il y a une entrée, la gare de Porta Nuova, une cuisine, le marché de Porta Palazzo, une salle de bain, le fleuve Pô, et bien sûr aussi le salon de Piazza San Carlo et cette terrasse qu'est le Parc du Valentino, et le débarras du Balon...». Le ton est donné. Loin des classiques ouvrages pour touristes, voici un portrait fort réaliste, iro-

nique et absolument «not politically correct» de Turin au XXI^e siècle. Ce livre n'a pas encore été traduit, mais le public francophone connaît Giuseppe Culicchia grâce à ses romans, dont «Pataras», paru chez Rivages en 1995, porté à l'écran en 1997, avec Valerio Mastrandrea (acteur «culte» de l'Italie contemporaine) dans le rôle de Walter, le protagoniste: un jeune (turinois, bien sûr!) qui est totalement désemparé vis-à-vis de la société actuelle.

Il mistero di Torino, par Vittorio Messori et Aldo Cazzullo (Mondadori, 2005). Encore une démonstration, si besoin en est, que Turin n'est pas une ville comme les autres. Quand vous pensez Turin, vous pensez peut-être à la ville scientifique et rationnelle de la FIAT et du Polytechnique. Mais Turin est aussi la ville du Saint Suaire, prétendu portrait du Christ, et en même temps la ville préférée des occultistes, à commencer par Nostradamus. Il cacherait un «cœur de ténèbres» lié aux cultes ésotériques, à la magie, voire au satanisme. Parmi les légendes les plus répandues, celle qui dit que le diable l'aurait choisi comme son quartier général ou encore celle qui veut que le Saint Graal se trouve ici. Vittorio Messori et Aldo Cazzullo (deux turinois d'adoption) sont deux célèbres journalistes italiens, l'un catholique (Messori), l'autre laïque. Ensemble, et chacun selon son point de vue, ils explorent les nombreux mystères de Turin, une ville où le bien et le mal, l'ombre et la lumière semblent se livrer un combat permanent.

Last, but not least, Turin est aussi la toile de fond de deux romans italiens à succès:



La femme du dimanche, par Fruttero et Lucentini (Seuil, 1999). Paru pour la première fois en 1972, ce roman policier brillant fit aussitôt la renommée de ses auteurs. Il reste un portrait fidèle du Turin des années 70. Plus de trente ans après, le texte n'a pas pris une ride. L'action se passe dans des lieux réels, parfaitement identifiables. Le commissaire Santamaria, qui, lui, n'est pas turinois, mais un «méridional» immigré, se trouve à enquêter sur un meurtre commis dans le milieu très fermé du Turin BCBG. Une occasion pour les auteurs d'explorer avec finesse et ironie le caractère, assez particulier, des habitants de la ville...

N.B.: Ce livre a aussi été traduit en anglais (*The Sunday Woman*, Avon Books, 1976) et on peut se le procurer sur Internet.

La solitude des nombres premiers, par Paolo Giordano (Seuil, 2009). Premier roman d'un jeune physicien, ce livre a fait un tabac en Italie l'année dernière et a gagné deux des prix littéraires les plus prestigieux. Il raconte l'histoire d'amour, poignante et souvent cruelle, entre deux jeunes gens qui, tout en étant spirituellement très proches (comme des nombres premiers jumeaux, dit l'auteur), ne peuvent pas se rejoindre. L'action se passe à Turin, mais la ville, quoique reconnaissable, n'est jamais mentionnée: presque une métaphore de la souffrance qui accable les protagonistes dès l'enfance, mais dont ils n'arrivent pas à parler.

Nous espérons que cette petite sélection vous donnera envie de visiter Turin et de la voir... de vos propres yeux! *Arrivederci a Torino!* ■

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TORINO TURISMO

IS THE “ITALY NEXT DOOR” HIDDEN BEHIND THE ALPS?

Great coffee, lovely piazzas and arcades, a very walkable city centre, loads of palaces and museums – that’s Torino, our little-known neighbour.

DAVID WINCH, UNOG

In Geneva, we often speak of “France voisine”, or the France next door, but what about neighbouring Italy? The border is just an hour or two from Geneva via Chamonix and the Mont-Blanc tunnel. Torino by this route is a solid three-hour drive starting from Annemasse. (The drive is a bit longer via Fréjus and its tunnel.) Either route, it is well worth the trip.

The Mont-Blanc tunnel was closed for five years after a disastrous fire in 1999. Now it is entirely reconstructed and super-security-conscious: all traffic is strictly limited to less than 70 km/h speed, and cars are kept at 200-metre distances from one another. Cameras record everything, and a radio channel can be tuned to follow instructions throughout the 20-minute drive. A return ticket through the tunnel costs about 41 euros.

Once in Italy, the Aosta valley can be an interesting day trip, but if you are headed for Torino on the autostrada, there are still many kilometres of tunnels to navigate. North-western Italy, after leaving the alpine Aosta valley, is not spectacular and, approaching the city on the Torino-Aosta Autostrada, the country is mostly flat and featureless.

No must-see?

The bustling city of Turin (a Piemontese term, promoted as the more vivacious-sounding “Torino” by the Winter Olympics in 2006), is very interesting, full of good food and high fashion, window-shopping and history. Mild spring weather makes May–June an excellent time to visit.

Torino is also a city with a visibility problem, especially *vis-à-vis* glamorous rival Milan. Torino has no clearly defined tourist must-see

– although they turn up quickly once you are there. In a free-association test, many Europeans would associate the city with Fiat (whose T stands for “Torino”), the Agnelli family and the Juventus football club, but the rest of its image is vague. There is little notion of, say, its great Egyptian museums (“the biggest after Cairo”), which might attract crowds elsewhere.

Classic piazzas

The Alps hedge Torino in to some degree; the mountains are a steep natural barrier between Italy and neighbours Switzerland and France. This causes transport issues, with Torino-bound flights landing first at Milan, but trains also (Geneva–Torino takes from seven to eleven hours by rail, via Brig and Domodossola) stop first at Milano Centrale; 120–130 CHF a trip), taking it off the agenda for weekend travellers. A long-delayed link to other European train networks, including the TGV, seems to have been shelved; a large model at the Porta Nuova train station showing elaborate new tunnels under the Alps from Lyon to Torino has been dismantled. All those tunnels would cost money, which seems to be in short supply.

The central area of Torino includes classic Italian piazzas, some ringed with arcades, the best shopping streets of the city. The style is decidedly Baroque and often French, as Piedmont was capital of Savoy and even a French department for a time under Napoleon.

In spring and summer this part of the city is especially alive, with crowds of young people and families everywhere. And for a coun-

try with a very low birth rate, there are prams and strollers on all the stony streets. Via Garibaldi features youthful pedestrian-mall crowds, and thousands of portable phones flourish. Meanwhile, the Via Roma links the largest piazzas, with arcades and high-brow fashion on all sides.

There is always great window-shopping and food tasting. Torino is a capital of chocolate and pastries, and people line up for the best gelati.

Torino also borders the Po river, where rowers scull along, right up to the rushing chute below the Vittoria Emanuele bridge. On weekends and summer evenings the banks of the Po offer a riot of cafés and clubs that vibrate through the night, leaving an eerily silent scene for the rowers in the morning. Quite by accident, one March weekend we came across a large chocolate festival on the Piazza Vittorio Veneto. The clowns and street circus performances hardly stood out from the regular activities! A few blocks away, in the multicultural commotion, we passed the memorably named Il Po Kebab.

Outside the city centre, Torino can turn suddenly gritty and less attractive. Officials have been trying to rescue old industrial sites for tourism and knowledge industries. One success story has been the “Eataly” food fare on an old Fiat manufacturing site south of the urban core.

You might notice there has been little mention above of museums and palaces, which are abundant in Torino, or any other lofty historical sightseeing. In the sunny Italian spring, it may be best just to walk through Torino and leave all that serious culture business for a rainy day. ■

For more cultural background, try Corby Kummer’s detailed travel piece “Touring Turin” from *The Atlantic* monthly (1999): www.theatlantic.com/issues/99apr/9904turin.htm.

UN STAFF COLLEGE IN TORINO

TRAINING FOR THE FUTURE OF THE UN

DAVID WINCH

Carlos Lopes bursts with ideas in his office at the UN's Maison de l'Environnement, near Balaxert, as he discusses some of the innovations at the UN System Staff College (UNSSC, www.unssc.org/web/index.asp) that he heads. At this centre in Torino, among other recent courses offered, UN security personnel train for hostage-taking operations with Italian paratroopers ("it's not just Powerpoint"), a session on leadership is held with the Torino symphony, and a seminar with chefs and leaders of the "slow food" movement focuses on valuing products and input for a quality product. UNSSC does not repeat "training done by everyone"; its niche is for inter-agency training specific to UN-wide needs.

UN Special recently spoke with Dr. Lopes, Director a.i. (also Executive Director, UNITAR) of the Staff College, to which he commutes regularly from Geneva, about its programme.

What is the UN System Staff College?

The College is the only truly inter-agency source of learning and training of the UN system. It provides training services, knowledge-management tools and learning events for UN employees worldwide. Its uniqueness lays in the fact that its learning programmes are not tailor-made for an agency-specific need, but rather they are driven by the demands coming from the UN system as a whole and therefore deliver results that address system-wide issues.

For instance, we provide support to the concept of a coordinated UN response to development problems by organizing various learning activities for Resident Coordinators and Country Teams.

What were its goals on being founded?

The idea of establishing a Staff College to serve the entire United Nations system dates back to 1969. The College itself began operations in 1996 as a project but it became an independent institution with its own Statute only in 2002. However, its main goals have

remained the same since its inception: to increase the coherence and effectiveness of the international civil service, to foster a cohesive management culture across the UN

system and to strengthen collaboration with the UN system in areas of common organizational responsibility.

suite de l'article en page 35

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What are its main achievements?

Despite its lean and relatively small size (with only about thirty staff), the College is currently delivering inter-agency training and learning services which encompass the entire range of senior management of the UN: from Resident Coordinators to Special Representatives of the Secretary-General (SRSGs), to the Secretary-General's top management team, which now meets in Turin on an annual basis for their retreat. The latest additions are a new system-wide leadership course aimed at senior managers and a new course for Deputy SRSGs to be rolled out in 2009. In terms of participants, the College has trained over 8,000 staff worldwide in 2008 alone thanks to the excellent training of trainers system it has in place.

What does its programme mean practically for UN staff members in Geneva?

The College offers programmes that could benefit the staff in Geneva in many areas. For instance:

- To enhance knowledge of issues and challenges faced by the UN, e.g.: human rights, sustainable environment, gender mainstreaming, capacity development, conflict prevention analysis and more;
- To develop programming tools, lessons learned and good practices in various thematic areas;
- To acquire specific skills through a programme on Safety and Security for staff;
- To learn more about the UN system through an introductory online course designed for new recruits ("Welcome to the UN").

What are the facilities and resources at its disposal?

The College is located within a residential training centre, which offers a cost-effective and very practical solution to face-to-face workshops and events. However, we also work in partnership with the local authorities and foundations to offer "state-of-the-art" training opportunities outside the campus. As already mentioned, we are a lean organization with only about thirty staff but we rely on joint ventures with prestigious parts of the academic world (e.g.: Harvard, the Wharton School, Fordham University) and with renowned experts in each subject area.

What are some innovations in your approach?

The College has placed the concept of knowledge management at the centre of its business model. This means that it is moving towards a direction where its main business will be to create opportunities and facilitate possibilities of sharing ideas and experiences. This approach called "learning by sharing" is designed to access immense level of knowledge and experience available in various areas throughout the system.

Another unique learning model to be launched by the College soon is offering technology-based learning that are creative, user-friendly and cost-effective.

In general, the College is departing from its traditional role of facilitating and organizing learning activities to become a provider of learning opportunities within the system.

Why was Torino chosen, and what are its advantages?

Torino is not only home to the largest UN residential training campus in the UN system (the International Training Centre of the International Labour Organization, ITC/ILO) where UNSSC is based, but is also a city of learning and knowledge. Over the last few years, in fact this city has transformed from an industrial reality into a dynamic and interna-

tional centre. The city's Strategic Plan puts forward a development model which focuses on a knowledge-based society, investing in human capital and in the internationalization of the education system. It is therefore an ideal location for a knowledge-management institution such as ours and the enormous support we receive from local authorities shows Torino's vocation to be a "centre of knowledge".

What should staff know, that they don't generally, about the UN Staff College?

- The College is the system-wide centre of excellence for learning, training and management of knowledge.
- We provide learning and training opportunities for the staff rather than only facilitate and organize events;
- We are demand-driven and only focus in areas of inter-agency nature;
- We are the organization that is capable of accessing knowledge and experience throughout the system by means of our on-line communities and networks;
- We are an agile and dynamic institution that provides relevant learning and training programmes at a fraction of costs compared to what is available outside the system. ■

UN SPECIAL AU SALON DU LIVRE



Le CAGI, Centre d'Accueil Genève Internationale, disposait d'un stand au Salon du livre de Genève (du 22 au 26 avril 2009).

Entre autres revues et documentations, les dernières éditions de votre magazine préféré ont été proposées et distribuées aux visiteurs intéressés par la Genève Internationale.

La rédaction remercie le CAGI pour son hospitalité. ■

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INTERVIEW AVEC MASSIMO SARTORIS, CNUCED

TURIN PAR UN TURINOIS: « ELLE ME RAPPELLE UN PEU PARIS »



Massimo Sartoris, administrateur réseau à la CNUCED, est né et a grandi à Turin. Dans cette interview, il nous fait partager son expérience de sa ville natale.

CRISTINA GIORDANO, BIBLIOTHÈQUE DE L'ONU.

Combien de temps as-tu vécu à Turin ?

Je suis né à Turin et j'y suis resté jusqu'à la fin de mes études universitaires au « Politecnico ». Je suis ensuite parti travailler à Rome. Je suis passé directement de Rome à Genève, car j'ai

commencé à travailler pour ICC (International Computing Centre).

Y a-t-il quelque chose qui a changé dans Turin par rapport à tes souvenirs ?

Autrefois, Turin était surtout une ville industrielle. Je me souviens qu'au mois d'août,

quand FIAT fermait ses usines pour les vacances, la ville se vidait. Maintenant, le tourisme s'est développé, même en été il y a beaucoup de monde. Ensuite, il y a eu les Jeux Olympiques d'hiver de 2006. Les J.O. ont entraîné un véritable « remaquillage » de Turin. A ce sujet, j'aimerais citer mon célèbre com-

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patriote Arturo Brachetti, prestidigitateur dans la lignée du grand Fregoli, qui, pendant les J.O. de 2006, a déclaré à la presse: «Avant, quand on me demandait où se trouve Turin, j'étais obligé de dire que c'est une ville qui se trouve à mi-chemin entre Monte-Carlo et Milan. Maintenant, il me semble que son emplacement est mieux connu».

Reviens-tu souvent à Turin?

Oui, autant que je peux.

Quelle est la meilleure façon de s'y rendre?

La voiture, décidément. Je n'y suis jamais allé en train, j'imagine que cela doit être compliqué. En voiture, cela fait moins de trois heures de route, la distance étant à peu près de 260 km de Genève par le tunnel du Mont-Blanc.

Qu'est-ce qu'il y a d'intéressant à voir?

Turin a été la première capitale de l'Italie réunifiée. Pas pour longtemps (quatre ans seulement, de 1861 à 1865), mais c'est quand même une ville qui a un palais royal que l'on peut visiter.

Palazzo Madama, situé Piazza Castello, l'endroit le plus central de la ville, est un autre très beau palais à visiter. Il recèle une porte de l'époque romaine, une forteresse médiévale et une façade de style Renaissance baroque. De ses tours, on peut admirer l'une des plus belles vues de la ville. Et bien sûr, il y a aussi notre «Tour Eiffel à nous», la Mole

Antonelliana (http://www.visitorino.com/mole_antonelliana.htm). Elle avait été commissionnée pour être la synagogue de Turin, mais le projet de l'architecte Antonelli (qui donna son nom au monument) s'avéra trop coûteux pour la communauté juive et l'ouvrage fut repris par la ville. Aujourd'hui, la Mole abrite le Musée du cinéma (http://www.museocinema.it/it/index_w.php), absolument génial. Un ascenseur vous emmène tout en haut, où on peut jouir d'un superbe panorama sur la ville et les Alpes.

Turin est aussi une ville de «piazzas». Mes préférées? Piazza San Carlo, récemment transformée en zone piétonne, très agréable, Piazza Carignano, où se trouve le bâtiment du premier parlement de l'Italie réunifiée, aujourd'hui Musée du Risorgimento, Piazza Carlo Emanuele II (Piazza Carlina pour les Turinois), un véritable bijou, Piazza Vittorio, avec l'incontournable église de la Gran Madre.

La vraie caractéristique de Turin, toutefois, sont ses «portici», les arcades, qui permettent de faire une promenade de presque sept kilomètres en restant toujours à l'abri.

Pour moi, Turin est un point de rencontre entre l'Italie et la France. Toute proportion gardée, elle me rappelle un peu Paris. Ce n'est pas un hasard: les ducs de Savoie avaient transféré leur capitale de Chambéry à Turin, déjà au XVI^e siècle!

Y a-t-il quelque chose d'unique?

A mon avis, le salon permanent du goût

Eataly (www.eatalytorino.it/eatalytorino/welcome.lasso), un espace multifonctionnel où l'on peut acheter des produits alimentaires italiens de très haute qualité, déguster des vins, dîner dans différents restaurants, suivre des cours de cuisine donnés par les plus grands chefs... un concept tout à fait original! Et je dirais aussi le «Quadrilatero romano», un quartier qui a surgi sur l'emplacement de l'ancien campement romain d'où la ville de Turin se développa. Autrefois «quartier peu recommandable», le Quadrilatero a été remodelé et il est aujourd'hui un endroit très à la mode.

Trois bonnes raisons de se rendre à Turin?

1) le chocolat (les fameux «gianduiotti» de Turin, à déguster aux pâtisseries Gobino, via Lagrange, et Peyrano, Corso Vittorio Emanuele) et les glaces (essayez celles du Bar Gatsby, via Lagrange, ou du Caffé Roma (ex-Talmone), place Carlo Felice, ou du Fiorio, café historique situé via Po, ou encore du Miretti, Corso Matteotti); 2) le Musée du cinéma; 3) les promenades-shopping sous les arcades. ■

Massimo Sartoris est une véritable source d'informations sur Turin. Si vous souhaitez vous y rendre, il vous renseignera volontiers. Vous pouvez le joindre par mail à l'adresse: massimo.sartoris@unctad.org ou par téléphone: +41 22 917 45 72.

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KILIMANJARO INITIATIVE NGO UNITES TO COMBAT CLIMATE CHANGE



Copyright Pictures: Kilimanjaro Initiative / Antoine Tardy

On 28 February 2009, a group of thirty-one climbers, assisted by fifteen guides, two cooks and forty-five porters, made their way through the gates of Kilimanjaro National Park, Tanzania – on route to the highest point of Africa and the largest freestanding mountain in the world. Brought together by KI, the climbers aimed to reach the summit of Mount Kilimanjaro to highlight the importance of creating a sustainable environment, under the United Nations banner 'UNite to Combat Climate Change.'

The team included young people from disadvantaged communities in Ghana, Kenya and Tanzania, UN staff and representatives from the private sector. The climbers received messages of support from United Nations Secretary-General Ban Ki-moon and his Special Adviser on Sport for Development and Peace Wilfried Lemke. In addition, the Climb garnered support from the UN Federal Credit Union (UNFCU) and several UN agencies, including UN Environment Programme (UNEP), the UN Human Settlements Programme (UN-HABITAT) and the UN Office on Sport for Development and Peace (UNOSDP).

The annual ascent of Mount Kilimanjaro to the "rooftop of Africa" is at the center of the KI activities. Conquering the mountain provides a ready metaphor for overcoming life's chal-

Last March, fifteen underprivileged youth from Kenya, Tanzania and Ghana joined representatives from the private and public sectors in a climb to the summit of Mount Kilimanjaro to raise awareness on climate change. This climb was the fourth annual ascent organized by the 'Kilimanjaro Initiative', a Nairobi-based Non-Governmental Organization, in partnership with the United Nations. A photo exhibition, "Walking as One – From the Slums of Nairobi to the Summit of Africa" featuring the recent climb and other KI projects, is on display at le Palais des Nations on the 3rd floor of the 'E' building this month.

Looking down the barrel of a gun generates a nightmarish feeling, with human senses thrown into a sinister swirl of emotions – all drained into a dreaded conclusion that one might be at a life's end. Such were the thoughts of Tim Challen, founder of an NGO named 'Kilimanjaro Initiative' (KI) and Business Development Associate, UNFCU Geneva Representative Office, when confronted by such a situation six years ago, in Kenya. A gang of youths broke into his rented accommodation

in the search of valuables. With little gains, they let Mr. Challen live, but not without a bullet and shattered bones in his left leg.

Since this traumatic incident, Mr. Challen rebuilt his life and founded the Kilimanjaro Initiative. Its aim is to empower young people, by providing them with leadership skills and opportunities that will allow them to become constructive agents of change in their communities.





Challenges and was the genesis of the initiative itself. The climb demonstrates how people from all walks of life can come together to unite in overcoming common adversity, raise awareness on issues to which young people are confronted and collect funds for youth-based community projects. Other KI projects have included refurbishing a soccer pitch that was a crime haven, establishing security patrols, developing plans for micro-finance facilities and leading a “Youth Peace” rally in the wake of the Kenyan elections in December 2007.

This year, the climb focused on the importance of a sustainable environment. Nineteen climbers reached the rim of the sleeping volcano, enduring extremely difficult conditions. While glaciers still graced the summit, far less ice is visible than in previous years. Mr. Challen underlined the issue at stake: “If we don’t do what we can to prevent global warming, unseen weather patterns will severely affect our communities. For example, rising oceans and droughts will force people into urban areas

that just won’t have the capacity to deal with those migration flows. This may lead to a greater increase in social ills,” said Mr. Challen.

One of the youth climbers Mohamed Abdu-lahi Mohamed, from Nairobi’s Kibera slum turned organic farmer personifies some of the positive changes that can take place in our society. “Converting a dumping site into productive land presents many challenges as well as opportunities. It can help transform community attitudes towards waste management by providing a clean and healthy living environment,” said Mr. Mohamed, who like nine other youth received Outward Bound training sponsored by UNFCU to prepare for the arduous journey.

“Young people are fundamental to the future of this planet and we must make sure we encourage them to be at the forefront of the battle against climate change and leaders in their own communities,” Mr. Challen explained. Felix Oduor, a former Mount Kilimanjaro climber

who also hails from Kibera and is now a proud KI employee sent a rallying call to all the young people of this world. “There are young people in Kibera that are so disillusioned, so hopeless and I was part of that disillusionment and hopelessness. To those who think everything is difficult, everything cannot be done - we’ve re-energized ourselves to make sure we improve our lives.” His sentiments were echoed by Mr. Mohamed: “Never give up in life, no matter how easy, or how difficult. Never give up!”

The next Kilimanjaro Initiative climb is scheduled to step off on 27 February 2010 and will highlight how sport can be an innovative and cost-effective tool in our efforts to reach development and peace objectives. KI recently gained NGO status and has opened offices in Nairobi, Kenya. This has allowed them to extend their outreach activities beyond the annual hike. ■

For more information on KI, please visit: www.kilimanjaroinitiative.org.

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LA PERLE DU SUD



Construite au pied du Haut-Atlas (dont le point culminant, le Jbel Koubkal, est à 4167 mètres), la ville de Marrakech jouit d'une situation stratégique qui attira berbères, arabes et nomades, grâce notamment à sa proximité du désert et de tout le commerce qui pouvait s'y faire.

TEXTE & PHOTOS CLAUDE MAILLARD, OMS

Marrakech fut fondée en 1070 par le souverain almoravide Youssef Ben Tachfine. Les traces du règne de cette dynastie sont encore omniprésentes dans la ville. La mosquée Ben Youssef, le palais Ali Ben Youssef, les ruines de la casbah d'Abou Baker, la porte de Bad Aylane et surtout sa splendide palmeraie témoignent de la sagesse des souverains almoravides. Sous le règne des souverains almohades (1147-1269), l'héritage almoravide a été sublimé afin de complètement rénover Marrakech et lui insuffler une prospérité nouvelle. Le sultan Abdel Moumen Al Mouahidi commande la construction de la mosquée de la Koutoubia. Son petit-fils Yacoub El Mansour y fera ajouter son célèbre minaret haut de 77 mètres qui est depuis devenu le symbole de la ville. Les Almohades ont également légué à Marrakech un vaste système d'irrigation, basé sur de nombreux réservoirs, qui a permis le développement harmonieux de la ville.

Après sa conquête par les Mérinides en 1269, Marrakech connut un déclin de plus de deux siècles. La renaissance de la ville est le fait des souverains de la dynastie des Saâdiens (1510-1659). Sous leur règne, Marrakech fut le centre d'une explosion artistique d'un extrême raffinement dont l'héritage le mieux préservé est constitué par les tombeaux saâdiens et certaines fontaines de la Médina.

De leur fastueux palais, le palais El-Badia qui fut longtemps considéré comme la merveille du monde musulman, il ne reste aujourd'hui que quelques vestiges.

Le prestige de Marrakech fut définitivement assis lors de l'arrivée au pouvoir des Alaouites et du roi My Hassan I^{er} en 1879. Il entreprit la restauration des murailles de la

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ville et de la Kasbah et ordonna la construction de nouveaux bâtiments et mosquées. L'héritage de ces dynasties est encore aujourd'hui très présent dans la Médina de Marrakech. Il contribue à donner à la ville une aura mondialement reconnue et assoit la ville dans son rôle de capitale du Sud, tout en maintenant une activité artisanale foisonnante.

Au début du XX^e siècle, Marrakech connut quelques années de guerres civiles qui prirent fin en 1912 avec l'instauration du protectorat français au Maroc. Après l'indépendance du pays en 1956, Mohammed V prit alors le pouvoir et régna jusqu'à sa mort en 1961. C'est son fils qui lui succéda jusqu'en 1999 sous le nom d'Hassan II. Enfin, le fils de ce dernier, Mohammed VI, prend le pouvoir le 23 juillet 1999 et règne encore aujourd'hui. Avec environ un million d'habitants, Marrakech est la quatrième ville du Maroc après Casablanca, Rabat et Fès. Marrakech est divisée en deux parties distinctes: la Médina (ou ville historique) et la ville nouvelle qui s'étend notamment du côté de l'aéroport avec la construction de nouveaux quartiers résidentiels et de nombreux complexes hôteliers.

La Médina constitue donc le centre historique de Marrakech. Elle s'étend sur plus de six cents



hectares, la rendant la plus vaste du Maroc. Fondée au XI^e siècle, la Médina était à l'origine un campement militaire et un marché. Au XII^e siècle, une Kasbah fut érigée afin de défendre la ville des attaques des tribus montagnardes et d'asseoir la suprématie almoravide dans la région. Le tracé des murailles fut à de nombreuses reprises modifié et étendu par les diverses dynasties ayant régné sur Marrakech. Les murailles hautes de 8 à 10 mètres encerclent aujourd'hui la Médina sur 19 kilomètres et comptent plus de deux cents tours de défense. Plus de quarante mille artisans travaillent à l'intérieur de ce dédale de ruelles protégées par des latris de bois, ou dans des passages couverts.

Mondialement connue, la mythique place Jemaa-El-Fna étonne le voyageur le plus blasé. Lieu incontournable de Marrakech, elle est animée, de jour comme de nuit, par les charmeurs de serpents, les dresseurs de singes, les conteurs, les musiciens et beaucoup d'autres artistes populaires. Face à la place, la Koutoubia dont la construction remonte à 1158. La mosquée et son célèbre minaret occupent l'endroit d'un ancien palais almohavide. Ce fleuron de l'art hispano-mauresque est composé de seize nefs périphériques et d'une nef centrale aux proportions plus larges.

Aujourd'hui, il ne reste donc que quelques vestiges du palais El-Badia, entourés de jardins, orangers et bassins. La décision d'ériger ce palais fut prise par le souverain saâdien Ahmed El-

Mansour pour célébrer sa victoire sur l'armée portugaise lors de la bataille des trois rois en 1578. La construction de ce fastueux palais dura jusqu'en 1603. Les matériaux les plus riches furent utilisés pour décorer les trois cent soixante pièces de ce complexe princier.

Plus récent, le palais Bahia est une folie commandée en 1880 par le grand vizir Sidi Moussa. Il fit ériger ce palais de cent soixante chambres pour une de ses concubines officielles. La beauté du palais Bahia en fait un remarquable témoignage de l'architecture orientale du XIX^e siècle. La propriété est entourée d'un vaste jardin de huit hectares.

Les tombeaux des Saâdiens sont un des seuls vestiges restant de la dynastie saâdienne qui régna sur l'âge d'or de Marrakech entre 1524 et 1659. Bien que cette nécropole royale fut utilisée dès le début du XIV^e siècle, sa splendeur remonte au XVI^e siècle avec l'inhumation du prince Mohamed Cheikh en 1557.

Lorsque le peintre français Jacques Majorelle s'installe à Marrakech en 1919, il acquiert un terrain et crée un jardin féerique où seront exposées des plantes des cinq continents. L'artiste peintre sera l'un des plus importants collectionneurs de plantes de son époque. Propriété de Pierre Bergé et Yves Saint-Laurent depuis 1980, le jardin Majorelle est la dernière demeure du grand couturier disparu le 1^{er} juin 2008.

Bien que n'étant pas située dans la Médina, la Ménara vaut vraiment le détour. A quarante-cinq minutes à pied de la place Jemaa-El-Fna, ce vaste jardin planté d'oliviers souvent centenaires concentre son charme dans sa partie centrale. Un grand bassin y fut creusé au XII^e siècle à l'époque almohade. A l'une de ses extrémités, trône un harmonieux pavillon saâdien qui fut construit à la fin du XIX^e siècle.

Point de départ de nombreuses excursions pour l'Atlas ou pour le désert, Marrakech, de par sa beauté, sa culture et son accueil, est vraiment «La Perle du Sud». ■

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ANDRÉ ROTACH

Depuis Onex, prendre la direction Chancy, Aïre-la-ville puis Verbois et Satigny. Juste avant le barrage, prendre un petit chemin sur la gauche qui descend à un parking, point de dé-

part de la randonnée. Prendre le chemin en terre au bord du Rhône (en parallèle du chemin bitumé). Nous nous trouvons dans une réserve d'oiseaux d'eau et d'oiseaux migrateurs d'importance internationale. Le long du chemin plu-

sieurs observatoires à faune. Passage au point *Le Rhône corrigé*. Arrivée vers un étang assez grand, continuer tout droit et suivre le chemin pour arriver dans une grande prairie. Passage au point *Revitalisation du nant de Cartigny*. Suit une petite montée pour atteindre le haut des falaises et rejoindre le village de Cartigny. Prendre à gauche et au rond-point, à nouveau à gauche. Après 300 mètres, prendre le Chemin du Moulin de Vert sur la gauche. On redescend vers le Rhône, passage aux points *forêt de Pente* puis *Les milieux humides forestiers*. Prendre à droite et à la première bifurcation à gauche (on voit en face les cheminées de Verbois). Au bout, prendre le petit sentier sur la gauche, passage au point *les Etangs du Moulin de Vert* où l'on retrouve le Rhône et le chemin sur la droite pour le retour. Le tout en deux heures trente pour une dénivellation de 80 mètres.

Pour plus de détails: voir *Lac Léman*, Bruno Pambour, les Créations du Pélican.

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I am proposing a few small hikes of varying degrees of difficulty, to let you see new things, get some fresh air and relax a bit. Don't forget: doing nothing is bad for your health. Here's hoping you have fun hiking in pleasant and sunny weather.

ANDRÉ ROTACH

(English translation by David Winch)

Starting from Onex, head in the direction of Chancy, Aire-la-ville, then Verbois and Satigny. Just before the dam, take the little road on the left that leads to a parking lot, the starting point for this hike. The footpath along the Rhone runs parallel to the paved road. Here the hiker finds himself in a waterbird reserve and a migratory sanctuary of international importance. There are several spots to observe wildlife along this shore. You pass the point *Le Rhône corrigé*. Once you are at a broad pond, continue straight along the path and you will arrive at a large field. The next point you pass is *Revitalisation du nant de Cartigny*.

You then go up a small rise to reach the upper cliffs and the village of Cartigny. Go to the left and, at the roundabout, left again. After 300 metres, take the Chemin du Moulin de Vert to the left. This leads back down towards the Rhone, passing by the points *forêt de Pente* then *Les milieux humides forestiers*. Go to the right, then at the first fork, to the left (the cheminées de Verbois will be straight ahead). At the end, take the small path on the left, pass the point *les Etangs du Moulin de Vert* and you reach the Rhone and a path to

the right for the return route. This hike can be completed in two hours thirty minutes, for a total change in altitude of 80 metres.

For more details, see *Lac Léman*, Bruno Pambour, les Créations du Pélican

Also: an official map from the Swiss hiking federation (Office fédéral de topographie) 1300 Chancy, is indispensable.

Don't forget to wear good hiking boots and weather-suitable clothing.

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JEAN-CLAUDE PALLAS

Le problème de l'adhésion de la Suisse à la SDN

Lundi 28 avril 1919, à Paris, au Quai d'Orsay, lors de la séance d'adoption du Pacte de la SDN, le président Wilson mentionne que Genève est désignée comme siège de la Ligue et que sir Eric Drummond est désigné comme Secrétaire général (il assumera cette fonction jusqu'en juin 1933 et, donc, ne connaîtra pas le Palais des Nations qui ne sera occupé qu'à partir de février 1936). Dès le lendemain une proclamation du Gouvernement genevois annonçait la bonne nouvelle à la population et ce fut aussitôt la liesse dans la ville et le canton. Des sonneries de cloches et des salves de canons saluèrent l'évènement.

Il restait cependant un point très important à régler, celui de l'adhésion de la Suisse à la SDN tout en conservant sa neutralité militaire. Deux semaines avant le choix de Genève, le 15 avril 1919, «Le Conseil fédéral admet d'ores et déjà qu'en raison de son importance particulière, la question de savoir si la Suisse entrera dans la SDN doit être soumise à la votation du peuple et des cantons, comme une révision de la Constitution, même si la Constitution permettait à l'assemblée fédérale de ratifier valablement le traité». Mais le fait que la cité de Calvin devienne la capitale de la Société des Nations ne provoqua pas l'enthousiasme de l'ensemble du peuple suisse, en particulier dans les cantons alémaniques. Selon Rappard: «pour une grande partie de l'opinion publique, la SDN reste encore une Entente élargie, créée seulement pour consolider les conquêtes des vainqueurs et pour assurer la

paix en maintenant leur domination» et «À quelques exceptions près, la presse se montra indifférente, ironique ou ouvertement hostile au Pacte de Paris. La Suisse devait-elle y adhérer?». Cette attitude renforçait la position des adversaires de Genève

Un peu plus de trois mois après le choix du siège, le Traité de Paix est signé, le 28 juin 1919, dans la Galerie des Glaces du château de Versailles, et la question de l'entrée de la Suisse n'était toujours pas résolue. Le Secrétariat de la SDN s'était installé à Londres le 5 mai 1919. Les Alliés s'impacientaient et Robert Cecil fit part à Rappard, le 30 juin, «de la grande déception qu'avait été pour lui l'indifférence apparente du Gouvernement fédéral à l'égard du

«Vous (la Suisse) êtes une Société des Nations en petit»

Georges Clemenceau à Gustave Ador

projet de Paris» il ajoutait que «la situation de la Suisse s'est beaucoup gâtée à Paris depuis quelques semaines. Faites tout en votre pouvoir pour que le Gouvernement fédéral se prononce le plus vite possible et le plus catégoriquement possible pour l'entrée de la Suisse dans la SDN. Les adversaires que Genève a toujours comptés à la Conférence insistent très souvent sur les inconvénients qu'il y aurait à fixer le Siège de la Société dans un pays qui se montre si tiède ou même si hostile au projet de la Conférence». Rappard réagit aussitôt «Je me permets, M. le Conseiller fédéral, d'insister, avec tout le sérieux et toute l'énergie qui est en moi, sur la nécessité absolue d'une décision prompte et catégorique. Je suis vraiment effrayé de constater combien nos meilleurs amis, et notamment le colonel House et Lord Robert Cecil, ont été déçus par la prudence, qu'ils jugent excessive, de notre Gouvernement». À partir du 12 juillet le Conseil fédéral se manifestera pour réorienter l'opinion en faveur de l'adhésion avec l'appui de Rap-

pard insistant sur le fait que la Suisse en entrant dans la SDN verrait sa neutralité maintenue.

L'examen de toutes les phases qui aboutirent à l'adhésion, le 8 mars 1920, nécessiterait un développement qui sortirait largement du cadre de cet article. Nous signalerons simplement quelques dates essentielles. Le 10 janvier 1920 verra la naissance officielle de la SDN (date d'entrée en vigueur du Traité de Versailles). Le 8 mars 1920 le Conseil fédéral notifie à sir Eric Drummond l'adhésion de la Suisse et la date de la votation, fixée au dimanche 16 mai 1920. La participation électorale sera très élevée (76,5%) et une confortable majorité (56,3%) donnera son approbation. Peu après les États-Unis rejeteront définitivement le Traité de Versailles et le Pacte de la SDN (un 1^{er} rejet avait déjà été prononcé le 19 novembre 1919 par le Sénat). Ce sera l'échec complet de la politique du président Wilson, qui, victime de surmenage et d'épuisement avait été frappé d'une attaque de paralysie le 2 octobre 1919 et était resté infirme. Il sera remplacé en 1921 par le républicain Warren G. Harding (qui décèdera d'une attaque cardiaque en 1923).

De nouvelles menaces sur Genève

Nous avons vu (UN Special n° 682, p. 31) que dès le choix de la ville de Genève, le 28 avril 1919, un bémol avait été rajouté (deuxième paragraphe de l'article 7): «Le Conseil (de la SDN) peut à tout moment décider de l'établir (le siège) en tout autre lieu». Cette épée de Damoclès posée sur la tête du siège fut rajoutée à la demande d'un des conseillers juridiques de la délégation américaine, David Hunter Miller (1875-1961) pour le cas où les «bolchevistes» prendraient le pouvoir en Suisse. Cette crainte faisait suite aux très importantes manifestations ouvrières organisées par l'Union des fédérations syndicales suisses et des dirigeants du parti socialiste suisse regroupés, sous la direction de Robert Grimm (1881-1958), en un Comité d'action qui se réunissait dans la petite ville d'Olten (canton de Soleure). Ce Comité d'Olten (appelé «soviet d'Olten» par les partis au

pouvoir), fondé le 4 février 1918, décréta une grève générale dans toute la Suisse à partir du 11 novembre 1918, au soir. Prévue pour vingt-quatre heures elle dura en fait trois jours. Pour contenir les deux cent cinquante mille grévistes (les «bolchevistes») le Gouvernement mobilisa la troupe (cent mille hommes) renforcée par des milices patriotiques. Heureusement il n'y eut pratiquement pas d'affrontements, les leaders des grévistes capitulèrent sans condition. Le 8 novembre 1918 le Conseil fédéral avait ordonné l'expulsion de la Mission soviétique soupçonnée d'activités subversives contre les intérêts de la Suisse¹.

En novembre 1919 de nouvelles rumeurs circulent sur le transfert du siège provisoire de Londres à Bruxelles. Ce qui faisait craindre qu'une fois installé en Belgique il n'aurait pas été facile de le ramener en Suisse. De son côté sir E. Drummond désirait s'installer le plus tôt possible à Genève, mais il ne voulait s'y établir qu'après l'adhésion de la Suisse, tout au moins après le résultat des votations sur ce sujet (le 16 mai 1920).

Ensuite, le 19 mai 1920, le Conseil de la SDN, en réunion à Rome, recommande au président Wilson de convoquer la première Assemblée générale de la Société, non pas à Genève mais à Bruxelles. Cette proposition faisait craindre une remise en cause de Genève. Il était prévu dans le Pacte (article 5, alinéa 3) que la 1^{re} réunion de l'Assemblée aurait lieu sur convocation du président des Etats-Unis. Wilson, fervent partisan de Genève, imposa son choix le 17 juillet 1920. L'Assemblée fut convoquée pour le 15 novembre 1920

Enfin les premiers fonctionnaires de la SDN, après avoir apprécié pendant près d'un an et demi les charmes de la vie londonienne ne voulaient plus échanger les bords de la Tamise contre les rives du Léman. Finalement le siège sera transféré à Genève le 1^{er} novembre 1920. ■

(à suivre)

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¹ Partisans et adversaires de la thèse officielle de 1918 continuent de s'affronter.

En 1968 et 1977 cette position sera combattue dans les ouvrages de Willi Gautschi et de Marc Vuillemier (ouvrage collectif sous sa direction) qui présenteront ce mouvement comme une simple revendication syndicale sans intervention étrangère. Par contre en 1990 Charles Gos argumentera en faveur de l'obédience soviétique.



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