

# UN Special

N° 698 - Septembre 2010

**EVERY LAST CHILD**

**JUSQU'AU DERNIER ENFANT**



■ B. Aylward, Director, WHO Polio  
Eradication Initiative

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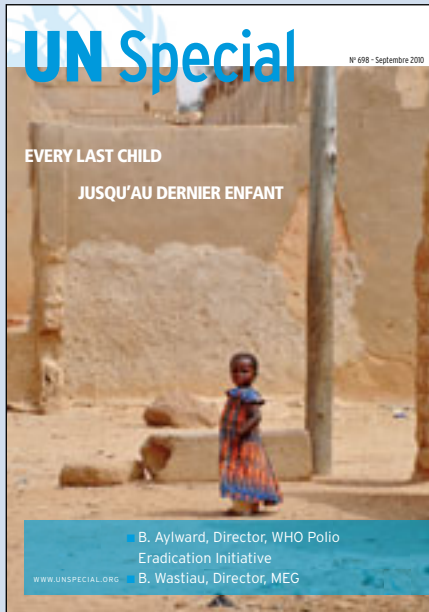


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## LA FIN DU RÈGNE DE LA POLIOMYÉLITE

L'article principal de la publication *UN Special* reflète les dernières volontés et le testament d'un des fléaux les plus mortels de l'humanité, la poliomyélite. D'abord, pensez à ce que vous ressentiriez si vous étiez un parent craignant que votre fils ou votre fille soit une victime de la poliomyélite. Imaginez-vous vivre avec la constante incertitude que votre bébé soit handicapé ou meure de son attaque. Aucun terroriste connu n'a tourmenté la civilisation avec une telle ruse, une invincibilité et une mobilité géographique comme la poliomyélite, gagnant la guerre de l'humanité pour lui-même. L'arsenal pour lutter contre ce criminel tenace comprend un siècle d'exploits réalisés, de percées scientifiques et des milliards de kilomètres effectués. Les musées présentent «des poumons d'acier» au tournant du dernier siècle; et la légende du premier déploiement d'un vaccin contre

la poliomyélite préservant la vie éprouvé au Canada et aux États-Unis pendant les années 1950 fait partie de programmes scolaires d'aujourd'hui.

Pendant la décennie passée, grâce à la force de l'Initiative mondiale d'extermination de la poliomyélite (GPEI), un partenariat de CDC, le Rotary International, l'UNICEF et l'OMS, 99% de ce microbe dévastateur ont été éliminés. Le 1% restant persiste toujours dans quatre pays endémiques. Le succès du nouveau plan stratégique de GPEI 2010-2012 est conçu pour supprimer la menace de poliomyélite pour chaque enfant avant 2013. Cela signifiera la liberté pour toutes les générations futures, augmentera les perspectives de santé pour tous les pays et payera le tribut aux légions de volontaires locaux et internationaux et aux personnels de santé publique qui peuvent finalement déclarer la victoire pour chacun d'entre nous. ■

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## END THE REIGN OF POLIO

The cover story in this issue of the *UN Special* is the last will and testament of one of humanity's most deadly scourges, poliomyelitis. First, think of what it would be like to be a parent not knowing if your son or daughter would be a victim of polio. Imagine living with the constant uncertainty if your baby would become disabled or die from its attack. No known terrorist has plagued civilization with such cunning, invincibility and geographical mobility as polio, save mankind's war on itself. The arsenal fighting against this tenacious culprit comprises a century of engineered feats, scientific breakthroughs, and billions of miles travelled. Museums showcase 'iron lungs' crafted at the turn of the last century; and the legend of the first deployment of

a proven life-preserving polio vaccine in Canada and the United States during the 1950s is part of today's school curricula.

During the past decade, thanks to the muscle of the Global Polio Eradication Initiative (GPEI), a partnership of CDC, Rotary International, UNICEF and WHO, 99% of this devastating microbial infiltrator has been eliminated. The remaining 1% still persists in four endemic countries. The success of GPEI's new Strategic Plan 2010–2012 is designed to end the threat of polio down to every last child by 2013. This will mean freedom to all future generations, will raise the health prospects for all countries, and will pay testament to legions of local and international volunteers and health workers who can finally declare victory for all of us. ■





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INTERVIEW OF THE MONTH

# EVERY LAST CHILD: ERADICATING POLIO WORLDWIDE



**Dr. Bruce Aylward is the Director of the Polio Eradication Initiative at WHO. He spoke to the *UN Special* about the new plan and its prospects.**

## DEIDRA ROBERTS, WHO

Every Last Child is the call to action of the new Global Polio Eradication Initiative Strategic Plan 2010-2012 to eradicate polio worldwide. When the world first resolved to work towards a polio-free future, in 1988, more than 350,000 children in over 125 countries were being paralysed each

year. Today, through the work of millions of volunteers and health workers around the world, and through the partnership of the Global Polio Eradication Initiative (GPEI)—national governments, the World Health Organization (WHO), Rotary International, the United States Centers for Dis-

ease Control and Prevention and UNICEF – fewer than 2000 children were paralysed by polio in 2009. But one child paralysed is one child too many; every last child must be vaccinated. Only four countries have never stopped polio, but several polio-free countries still suffer from outbreaks caused by importations of poliovirus from those “polio-endemic” areas; only eradication can end polio worldwide.

To overcome the final challenges in the few parts of the world where polio clung on, an independent evaluation and assessment of innovative strategies using new tools were carried out in 2009, leading to a new strategic plan.

**Dr. Bruce Aylward, you’ve been recognized as one of Canada’s Nation Builders as a Canadian physician, yet you hold strongly to the claim that you are an “ardent internationalist” and a strong believer in the United Nations?**

The nature of being Canadian is to be a believer in international cooperation. So I am an internationalist, and I am an incorrigible optimist that international cooperation can work. There are few places where one learns the value of this cooperation better than the UN and working with its member states. Polio eradication is a striking example of internationalism. Eradication is about equity – making sure all children receive the same benefit – and there can be no equity without international cooperation. Most of the children born today live in polio-free areas, and that is directly because of international cooperation to eliminate a devastating disease, forever.

**In 2002 while addressing the graduating class at Memorial University on the occasion of receiving an honorary doctorate degree, your first remark was: “this**

**honour recognizes not just my work, but the contributions of over 10 million people, the vast majority of them volunteers, who are making a reality of the global effort to eradicate polio forever". Would you agree to another distinction bestowed on you, one of "a polio eradication evangelist"?**

What I am an evangelist for is equity and social justice. Polio eradication is a means to that end. Eradication is the great equalizer between children regardless of economic or social condition. The basic premise of eradication is equity – that every child, everywhere will be protected from a terrible disease forever. Achieving polio eradication requires that every child receives at least the most basic of health services.

**On 9 November 2006, Dr. Margaret Chan gave her first address to the World Health Assembly as the newly appointed WHO Director-General; she vowed: "We will complete polio eradication." Had you been alerted to her promise?**

For Dr. Chan, eradication is about equality and social justice. Regardless of any religious, cultural, political, or geographical barrier, she believes we must put every last child on the health map. Her actions are concrete evidence of that belief. For example, the day before she took office, Dr. Chan had requested a full briefing on polio eradication. I drove all day from Rome to Geneva to attend a meeting at five o'clock in the afternoon. On her first day, she wrote to the 3000-strong polio staff across the world. Within weeks, she called for an urgent stakeholder consultation on polio eradication and presented a "Case for Polio Eradication". She has visited each of the last four polio-endemic countries to urge their leaders to maintain their commitment and assure them of WHO's support. Through her consistent guidance and support, and her commitment to the partnership, we have developed a new strategic plan in 2010.

**What are some of WHO responsibilities with the GPEI?**

WHO's two key roles in this massive global effort are optimizing the agency's support to member states and providing overall inter-

national coordination of the management, planning and implementation of a range of activities from scientific research to policy development and strategy implementation.

**You mention that there is more than one poliovirus. Which one are we eradicating?**

Polio is a terrifying and painful disease which usually leads to lifelong paralysis and disability. There are three types of poliovirus, 1, 2 and 3. The last case caused by type 2 was in 1999. The eradication of type 2 was an important proof of principle that polio could indeed be eradicated. So we are left with type 1 and type 3, and against both of these we have specific vaccines.

**You mention huge numbers of people involved in polio eradication; what are the most labour-intensive activities?**

The two major areas of activity are finding every single virus in the world and holding massive vaccination campaigns to vaccinate every child. To do this, countries mobilize and manage over 10 million volunteers and health workers every year, who deliver the vaccine to every child. WHO supports this with a staff of 3000, the largest army of technical assistance in the world. WHO's approach to technical assistance is multifaceted – strengthening capacity where it is needed and replacing capacity in countries affected by active or past conflict or natural disasters.

**How will the basic strategies of the new GPEI Strategic Plan 2010-2012 complete global eradication of polio?**

The ultimate aim of the new Plan is securing a polio-free world for future generations. That means achieving the interruption of all remaining reservoirs of wild poliovirus by 2013. This will lead to the eventual certification of that achievement and cessation of oral poliovirus vaccine worldwide. The new Strategic Plan builds on the innumerable lessons learnt over the course of the polio eradication efforts to optimize the application of the eradication strategies in the last infected areas.

We now know that polio can persist in smaller geographical areas and population

sub-groups than first thought. So countries are now implementing new plans that are specific to each district or even sub-district and to different communities (migrants, nomads, etc), such as India's 107-Block Plan and Afghanistan's Southern Districts Plan.

We have a new bivalent OPV (bOPV), which has been described as "game-changing" as it targets the two surviving types of wild poliovirus concurrently and provides a higher level of protection with each dose, doubling the impact of each campaign.

We also know how to largely predict the route of an international polio outbreak, which follows identified migration routes and exploits known weaknesses in health systems. We can thus take pre-emptive action against international spread in a way we couldn't before.

**What led to the development of a new strategic plan – what obstacles were you trying to overcome?**

By 2008, progress on eradication was stalled and polio was spreading internationally again. Wild poliovirus type 1 and 3 were entrenched in discrete parts of the four countries where polio is still endemic today: Afghanistan, India, Nigeria and Pakistan. And it was spreading across sub-Saharan Africa. This led the World Health Assembly in May 2008 to call for a new strategy to support the GPEI in finishing the job.

In 2009, the GPEI undertook a special one-year "programme of work" to address the specific remaining barriers. A key element of this was the work of an Independent Evaluation team which further scrutinized our evidence of the major barriers to stopping polio transmission in each of the remaining endemic areas. We needed to know if we were on the right track. They went to every infected area, checked it out, and reported back to the WHO Executive Board in June 2009. At the same time, we worked to support the innovations that each endemic-country government deemed most important to improve the quality of their immunization campaigns to best reach children previously missed by vaccination efforts because of weak operation management, conflicts or other reasons.





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Late in 2009, outcomes of this work were evaluated by two expert advisory groups, which met with technical experts, polio-infected country health authorities, and major stakeholders that included donor partners. Both these groups concluded that the progress in 2009 warranted a new three-year strategic plan to finish polio once and for all time.

#### **Were new vaccines investigated?**

Our 2009 work fast-tracked clinical trials of four new polio vaccines or approaches to delivering existing vaccines. The success of monovalent oral polio vaccines against wild poliovirus type 1 and 3 was actually contributing to alternating outbreaks of the two remaining types. Fortunately, in June 2009 the fast-tracking effort produced a “bivalent” vaccine that fights both type 1 and type 3 concurrently.

## **I cannot overstate the commitment of immunization staff around the world, who work in always difficult and often dangerous circumstances.**

#### **How effective is the new bivalent vaccine?**

It has been a huge benefit. It is twice as effective as the old trivalent oral polio vaccine, which targets all three types at once, and about as effective as the newer monovalent oral polio vaccine. The big advantage is that it allows for a more rapid and earlier response by not having to prepare and administer different vaccines. This is especially valuable in conflict-affected areas – when we may have fewer opportunities to reach children, it allows us to maximize the impact of each vaccination contact. By aggressively applying the operating principles of the new GPEI Strategic Plan 2010-2012 and using bivalent oral polio vaccine whenever appropriate, countries have started to achieve striking results. In Nigeria, polio has been reduced by 99% in just a year. In India, type 1 polio has not been reported in either of its last two endemic states for over six months – something which has never happened before.

#### **What has been the response from other stakeholders?**

The Strategic Plan was developed in broad

consultation with other stakeholders – first of all the countries themselves, but also implementing agencies and development partners such as Rotary International. The strategic plan therefore addresses the concerns and reflects the commitments of the various stakeholders.

When Bill Gates (co-chair of the Bill and Melinda Gates Foundation) made a visit to WHO last year, he said: “There are now 300 additional cases in twice as many countries as a year ago; how are we going to stop it?” We had just received new data: from Nigeria showing a reduction in the proportion of children missed – unvaccinated – during campaigns from 30% to 10%; and from India, new clinical trial data showing the efficacy of the new bivalent vaccine. Together, the combination of these strategic approaches to reach every child and the new vaccine are the answer to Mr. Gates’ question. District-specific planning is helping us reach every last child in each community, whether nomads, migrants, slum-dwellers, with the most appropriate vaccine for the setting.

**Dr. Aylward, you’ve been in conflict areas in Afghanistan, Pakistan, Cambodia, Iraq and other difficult regions. Last October two incidents directly targeted United Nations groups, a UN guest house in Kabul, Afghanistan, and the World Food Programme office in Islamabad, Pakistan was bombed. How do immunization staff maintain their esprit d’corps?**

These incidents are tragic, foremost for the families affected. I cannot overstate the commitment of immunization staff around the world, who work in always difficult and often dangerous circumstances. I will give you one example: in September of 2008, two medical doctors and their driver on their way to polio campaign preparations in southern Afghanistan were killed when their convoy was struck by a suicide bomber, a few days before the campaign. After much reflection and discussion, the health authorities in Afghanistan still went ahead with the campaign out of responsibility to the communities whose children were

to be vaccinated and out of respect to their fallen colleagues. But you will see this everywhere in polio eradication – the driving urge of reaching and protecting every last child is a strong motivator.

#### **When the world finally stamps out polio, what is the next step?**

The immediate next step will be to certify this achievement and then eventually to stop the use of oral polio vaccine globally. However, the GPEI’s ultimate legacy will be its infrastructure and capacity which can be built on to strengthen immunization systems, disease surveillance and outbreak response activities for both vaccine-preventable and other diseases.

#### **Is there anything else you would like to add?**

The real heroes of polio eradication are the polio-affected countries themselves and the millions of individual volunteers around the world, most notably Rotarians. Countries have remained politically committed and continue to allocate their scarce resources for a global public good, while Rotarians have kept the flame alive over 20 long years with their dedication – they have raised nearly US\$ 1 billion and motivated public and private donors to give more. In doing so, they have helped establish a model for all private-public partnerships.

I would also like to add a strong note of urgency: all the gains right now – the retreat of the virus, the new tools and strategies – are at risk if we don’t seize this opportunity to finish polio once and for all. For this, we need continued political will, of course, at all levels of government and among traditional and religious leadership. But we also need the financing for the final steps towards eradication, and currently we have only half of the required funds for this promising new plan. A further US\$ 1.3 billion is urgently needed to protect every last child forever. ■

The GPEI Strategic Plan 2010-2012 is available at: <http://www.polioeradication.org/>





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# WHO GEARS UP FOR COUNTRY-LEVEL MATERNAL AND CHILD HEALTH PUSH



## DR ELIZABETH MASON, WHO\*

For the past decade, the Millennium Development Goals (MDGs) have been a powerful force in the fight to reduce poverty and inequity, and critically, they have helped to place better health at centre stage in the development agenda.

As we approach the Secretary-General's High-level session on the MDGs in September, and look beyond to the target date of 2015, let us celebrate the achievements to date, identify best practices and push on with even greater determination to improve the health and lives of women and children everywhere.

In July 2010, WHO's Director-General announced that, in view of the heightened commitment to maternal, newborn and child health, and in order to consolidate and strengthen the Organization's work in this important area, a new Department is being created. The work of the new Department for Maternal, Newborn, Child and Adolescent Health and Development will cover a wide range of activities, from the development of global guidelines to their application in countries, as well as strengthening implementation and monitoring progress.

The focus on quantitative, time-bound goals has been a stimulus to measure results, and

has helped to set priorities and assess performance. It has revealed that progress is mixed, between regions and between the MDGs. For instance, the proportion of births attended by a skilled health worker has increased globally, but in Africa and South-East Asia fewer than 50% of all births have skilled attendants. In addition, we know that while child mortality has dropped overall (down by 30% since 1990), newborn deaths remain persistently high, with 3.6 million babies still dying in their first month of life every year. The MDGs also show that there are well-performing countries in slow progress regions, and vice versa. This forces us to better understand the factors that promote success and to think harder about the nature of constraints. Moreover, measuring progress on the MDGs highlights the fact that data, and the lack of investment in health systems at country level needed to produce it, remain as significant problems.

Through the MDGs, the need to reduce maternal and newborn deaths has emerged as the most urgent and obvious priority. While recent estimates suggest there has been some progress in reducing maternal mortality, the slow rate of decline means that MDG 5 is unlikely to be reached in most low-income countries. Success will require access

to interventions across a continuum: from pre-pregnancy, pregnancy and childbirth, the immediate post-natal period, childhood and into adolescence. Cost-effective interventions (such as access to contraception, ante-natal care, facility-based delivery, immunization and the prevention and treatment of childhood illness) are necessary, but insufficient without parallel efforts to strengthen health delivery systems and address the broader social and economic determinants of women's and children's health.

In April, following a high-level retreat, the UN Secretary General Ban Ki-moon launched a "Joint Action Plan for Women's and Children's Health" which builds on previous discussions within the UN and regional commitments and plans. It seeks to revitalize existing efforts, secure new national and international commitments and ensure accountability for delivering results.

Against this backdrop of strong political will and the promise of additional financial resources, it is crucial that global initiatives are followed-up by concrete action in countries. This includes support for the development and implementation of national strategies and plans for maternal, newborn and child health, as well as capacity building for delivering key interventions at scale. Within the "UN family" WHO is working with UNICEF, UNFPA and the World Bank (known together as the "H4") as well as UNAIDS on harmonizing approaches and joint support to countries for accelerated implementation. ■

\* Dr. Elizabeth Mason is Director, Department of Maternal, Newborn, Child and Adolescent Health and Development at WHO



# WORLD POLIO ERADICATION INITIATIVE NEEDS US\$ 1.3 BILLION



**On 18 June, a broad range of stakeholders formally launched the new Strategic Plan 2010-2012 for eradicating wild poliovirus.**

The Ministers of Health of Nigeria, Angola and Senegal, among a number of other senior health ministry officials, existing and potential funders, vaccine manufacturers and key partner organizations attended a meeting – co-hosted by WHO Director-General Margaret Chan and the new UNICEF Executive Director Tony Lake – to discuss the implementation, monitoring, economics and financing of the new plan.

The President of Chad, His Excellency Idriss Deby Itno, delayed his departure for an official international visit in order to personally express his firm commitment to eradicating polio in Chad by signing Rotary's Kick Polio Out of Africa football, which had captured the imagination of Africa's political leaders in the lead-up to the World Cup.

The President reaffirmed his desire to be involved in all upcoming immunization campaigns in the country.

The *Strategic Plan 2010-12* comes at a time when remarkable progress has been made in areas where poliovirus was once entrenched. Ironically, insufficient financing now threatens this global effort. Against a core donor-approved US\$ 2.6 billion budget

through 2012, the Initiative faces a US\$ 1.3 billion funding gap. Of note, the number of donors to the GPEI has dropped from 47 in 2004-05 to just 22 so far for 2010-11.

Failure to meet the financial requirements of eradication has human consequences, in terms of children paralyzed for life by a dis-

ease which is entirely vaccine-preventable, as well as the economic consequences of ongoing supplementary immunization in perpetuity in order to maintain the current number of cases. But most compelling are the ethical consequences: failing to protect future generations when the tools are available to do so. ■



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# ACHIEVEMENTS IN MATERNAL, NEWBORN AND CHILD HEALTH

In recent months, billions of dollars in new funding for maternal, newborn and child health has been announced by donors including the Governments of Canada and other G8 member countries as well as the Bill and Melinda Gates Foundation.

Indeed, the past year has been marked by unprecedented political commitment to achieving the Millennium Development Goals (MDG), and a series of events over the course of 2010 is helping to further focus attention on these important goals. The health-related MDGs were a central theme of the World Health Assembly in May; the summit of the Group of 8 most industrialized nations in June highlighted the importance of achieving MDGs 4 and 5 for child and maternal health, and September will see efforts culminate in the High-Level Plenary session on the MDGs at UN Headquarters in New York.

For example, a huge financial benefit for maternal, newborn and child health has been committed by Canadian Prime Minister Stephen Harper. In June, he announced Canada will contribute CAN\$2.85 billion over five years. He declared a portion of this windfall—CAN\$2.75 billion “a permanent and long-term commitment.”

“I am very pleased to announce Canada’s contribution to this critical initiative. Our contribution will make significant, tangible differences in the lives of the world’s most vulnerable people,” said the Prime Minister. “Canada led the way in mobilizing support among G-8 and non-G-8 leaders, key donors and private foundations for this initiative to reduce the mortality rates of mothers and their children. We have been successful.”

In a news release, he reiterated the principles established at the Halifax G-8 Development Ministers’ Meeting last April: “Canada’s programming efforts will be fully integrated into country-led plans on maternal, newborn

and child health, and will focus on a limited number of high-risk countries such as Haiti, Afghanistan, Mali, Tanzania and Mozambique. Recognizing significant needs in sub-Saharan Africa, about 80 per cent of Canadian funding will be targeted to countries in that part of the world. Our efforts to improve maternal, newborn and early childhood health will build on our Government’s existing funding of \$1.75 billion over the next five years — to bring Canada’s total funding between now and 2015 to \$2.85 billion.”

Further details centered on mothers and newborns: “Canada will focus its efforts on improving the services and care needed to ensure healthy pregnancies and safe delivery, while placing a particular emphasis on meeting the nutritional needs of pregnant women, mothers, newborns and young children.”

In addressing child mortality, he declared: “Canada will work to increase access to the high-impact, cost-effective interventions that address the leading killers of children under the age of five. Drawing on Canadians’ expertise and knowledge in maternal and child health, Canada will bring together Canadian partners, experts and practitioners to build and share the latest knowledge in the field to ensure that Canadian programming delivers tangible results. Accountability for results will be an integral part of Canada’s contribution to the maternal, newborn and child health initiative. We will design a rigorous accountability framework to measure our progress, track results and ensure that Canadians’ aid dollars are used effectively to contribute to a sustainable reduction in maternal and child mortality.”

## TWO COUNTRY SUCCESS STORIES

### Chile

Chile is a middle-income country in Latin America with high commitment to Millennium Development Goals (MDGs) 4 and 5

(reduce child mortality and improve maternal health, respectively). With a population of 16.5 million and about 250,000 live births per year, Chile has to be heralded for its achievement in maternal and child health. From 1990 to 2004 the maternal mortality ratio decreased from 42 to 19 maternal deaths per 100,000 live births; more than 50% reduction. In 1990, 123 women died to maternal causes whereas in 2004 the number went down to 42 maternal deaths. Infant mortality was also reduced from 7.8 to 3.1 infant deaths per 1000 births; while in 1990 there were 2268 infant deaths, in 2004, only 702. Similar reductions have been observed in the rate of stillbirths, neonatal and child mortality. Most importantly, disparities in these statistics between the poorest and the richest also decreased, with the largest mortality reductions in the poorest quintile.

These improvements in maternal and child health can be related to socioeconomic factors such as Chile’s consistent increase in annual per capita income and decrease in the number of people living in poverty between 1990 and 2004 which are evidence of Chile’s sustained economic growth. In addition, several national-level interventions targeting maternal and child health were introduced during 1990 to 2004 as part of a broad-scale initiative to reduce differences in major health outcomes between the lowest and highest socioeconomic quintiles. Examples of these are a package of measures to implement free primary health care (including antenatal care); substantial investments in equipment and human resources for neonatal intensive care units or a supplementary food program for pregnant women and children under 6 years of age.

In the context of the global effort to attain MDGs 4 and 5 and reduced health inequalities this successful story demonstrates how government commitment to maternal and



child health is necessary and also capable of achieving results.

**Source:** Gonzalez R, Requejo JH, Nien JK, Merialdi M, Bustreo F, Betran AP. Tackling Health Inequities in Chile: Maternal, Newborn, Infant, and Child Mortality Between 1990 and 2004. *Am J Public Health*. 2009;99(7):1220-6.

## Mongolia

Mongolia is a lower-middle income country with a population of about 2.6 million and approximately 50 000 births per year. The unique socio-political history of this country which passed from being a former Soviet Union satellite country to a democratic phase after 1990, shows how different health system reforms and policy measures can significantly affect maternal mortality. The years immediately following the political transition witnessed a deterioration of the health-care system and a resultant rise in maternal mortality. However, after 1993, maternal mortality started to decrease due to, among other approaches, improvements in the supply of emergency drugs, increased training of health-care workers in sexual and reproductive health, and the reintroduction of “maternal waiting homes”. Mongolia is a country with one of the world’s lowest population densities and “maternal waiting homes” are a particularly important component of the health-care referral system because women from rural areas must travel large distances to reach provincial health centres which may preclude timely care.

Subsequent to these improvements, from 2001 to 2007, Mongolia showed acceleration in the decline of maternal mortality following the implementation of the Maternal Mortality Reduction Strategy (MMRS) 2001-2004 and 2005-2010. The maternal mortality ratio had peaked in 1993 at 241 per 100,000 live births and then fell to 90 in 2007 showing a reduction of more than 60%.

The crucial factors in the success of the Mongolian Ministry of Health’s MMrs. are numerous and multidisciplinary. The MMrs. introduced several procedures enacted at the facility, provincial and ministerial levels to ensure accurate registration of maternal deaths which is an essential

first step for preventing these deaths. The participatory framework which resulted in the Ministry of Health collaborating closely with local governments, all-level hospitals, international donors, United Nations agencies, and governmental and non-governmental organizations was critical in the implementation of this strategy. The role of the media was also important and TV and radio programmes providing information about safe motherhood, were aired on Tuesdays and Saturdays. In addition,

strong emphasis was also given to capacity building, professional training of health workers and intersectoral collaboration, applying WHO standards. ■

**Source:** Yadamsuren B, Merialdi M, Davaadorj I, Requejo JH, Betrán AP, Ahmad A et al. Tracking maternal mortality declines in Mongolia between 1992 and 2007: the importance of collaboration. *Bull World Health Organ*. 2010;88(3):192-8.

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## MILLENNIUM SUMMIT

## A COMMON COMMITMENT TO IMPROVE THE HEALTH OF WOMEN AND CHILDREN



**The following Opening statement was made on behalf of eight organizations at the Women Deliver 2010 Ministers Forum held in Washington, DC on 7 June 2010.**

**DR. MARGARET CHAN**  
DIRECTOR-GENERAL OF THE WORLD  
HEALTH ORGANIZATION

“Dame Billie Miller, honourable ministers, Colleagues and friends,

Thank you for this opportunity to address you this morning. I am pleased to make this statement on behalf of my colleagues who lead the eight health organizations known as the H8, including:

- Tachi Yamada of the Bill & Melinda Gates Foundation
- Julian Lob-Levyt of the GAVI Alliance
- Michel Kazatchkine of the Global Fund to Fight AIDS, TB and Malaria
- Michel Sidibe of UNAIDS
- Thoraya Obaïd of UNFPA
- Tony Lake of UNICEF

- Tamar Manuelyan Atinc of the World Bank
- World Health Organization

We come before you in solidarity. We share a common commitment to supporting you as you seek to improve the health of women and children around the world. Your efforts and investment are paying off.

Domestic resources and donor funds are making a real difference to the lives of millions. The number of children dying before reaching their fifth birthday has been falling for several years. We are now seeing early signs of progress in reducing the number of women dying in pregnancy and child birth, in addition to the achievements in HIV, TB and malaria.

This progress is most welcome, but is fragile, uneven, inequitable and inadequate. Far too many women and children continue to die needlessly. I wish to make four points.

First, we need unfailing commitment and leadership at all levels. From heads of state and heads of government, ministries of health, development and finance, right down to the community level. Only with this commitment can we sustain the fragile gains we have made, and make further progress.

Second, we need investment. We need more money, we need better money, and we need to find better ways of channelling funding for investment in proven cost-effective interventions and new technologies delivered through a well-functioning health system. A health system that is adequately staffed with skilled health workers. A health system that provides universal coverage of services for reproductive, maternal and child health and removes financial and other barriers to care. A health system that has a sound health information system that measures results. Investment in these systems, interventions and technologies can come from many sources; domestic, ODA, foundations, civil society, and the private sector.

Third, we need to be smart and build synergies through an integrated approach, delivering services centered on women and children, with a focus on the vulnerable and disadvantaged. MDGs 4, 5 and 6 are interrelated and contribute to other MDGs for gender equity, education, environment, and poverty reduction. Implementing the Global Consensus for Maternal, Newborn and Child Health will bring a great return on investment and improve sustainability. In the future, countries can take pride as they graduate from receiving aid to self reliance.

Fourth, we need government leadership of inclusive partnerships at country and global levels to design, implement and monitor the commitments and promises of all stakeholders. We must measure results and hold each other accountable for our pledges and actions.

We are greatly encouraged by your leadership and by the leadership of the Secretary-General, Ban Ki-moon, and the initiative he launched in April this year to develop a Joint Action Plan for Women and Children's Health.

Allow me to emphasize the first two words of the title of this Plan: “joint” and “action”. The Plan is being developed through a broad consultative process, so that it can reflect the commitments of all stakeholders – countries, partners, the private sector and civil society. It is not just the Secretary-General's Plan. It is our joint plan, all of us here in this room.

And it is an action plan. It calls for commitments and action from everyone. Action that we need to take right away. Action we need to take together. Only then will we make the progress we seek.

Thank you.” ■





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# WORLD SUMMIT IN NEW YORK TO ACCELERATE MDG ACHIEVEMENTS



**With only five years left until the 2015 deadline, UN Secretary-General Ban Ki-moon has called on world leaders to attend a high-level Plenary Meeting on the Millennium Development Goals at UN Headquarters New York from 20-22 September to renew their commitment and effort in accelerating progress to reach the UN Millennium Development Goals (MDG).**

Ten years ago, 189 UN Member States (now 191) adopted the UN Millennium Declaration and endorsed a framework for development. The plan called for countries and development partners to work together to reduce poverty and hunger, and tackle ill health, lack of education, gender inequality, lack of access to clean water and environmental degradation. In all, a total of eight UN MDGs were established with targets and indicators to monitor progress.

## **Prominent speakers focus on Development Goals at World Health Assembly**

World Health Organization's Director-General, Dr. Margaret Chan, presented a scorecard of progress made since 2000 on the health-related MDGs in WHO's six regions—the central focus at this year's World Health Assembly held in May. The scorecard gave clear and evidence-based statistical data to help foster urgent goal-setting

initiatives in areas ranging from child and maternal mortality to water and sanitation. In reminding delegates of Member States, representatives and other participants that the health MDG goals, targets and indicators are interdependent measures of progress, she emphasized “they are not meant to limit priorities in health, nor define how programmes should be organized and funded”.

Dr. Chan personally hosted three lunch-time panel discussions during the Health Assembly to provide opportunities for non-governmental and civil society organizations and other influential guests to address each specific health MDG. President of Liberia Mrs. Ellen Johnson Sirleaf and *UN Special Envoy for Malaria* Mr. Ray Chambers were the special invited guest speakers at this year's World Health Assembly, WHO's highest decision-making body. Speaking to a packed assembly hall, the two high-level guests outlined the “fragile” progress and challenges that lie ahead for achieving the MDGs.

The first elected female president of Africa, Mrs. Ellen Sirleaf has outlined key health issues in Liberia as a result of 14 years of war. She described the impact of having only 50 doctors left in the country and her government's efforts to rebuild the health system to focus specifically on decreasing maternal and child mortality. Some of the strategies outlined by her included: improving emergency obstetric care, training midwives, building health clinics for rural areas and suspending user fees. 90% of the population of Liberia live on

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less than \$2 a day and therefore cannot afford to pay for health care. Progress is underway towards reaching the Millennium Development Goals (MDGs) but it is fragile and assistance, she said, is essential.

Well-known philanthropist and humanitarian, Mr. Ray Chambers has served as the United Nations Secretary-General's first Special Envoy for Malaria since February 2008. He spoke of the effort to achieving the Secretary-General's goal of ensuring universal access to malaria prevention tools in all endemic countries by the end of 2010, with the ultimate goal of achieving near zero preventable malaria deaths by 2015. Addressing delegates to the World Assembly, NGOs, UN partners, staff and media Mr. Chambers emphasized the importance of the contribution of conquering malaria in achieving the MDGs. He says without controlling malaria we will not be able to achieve several of the MDGs. He appealed for assistance in reducing the number of malaria deaths to near zero by 2015.

#### Although three MDGs relate directly to health...

MDG 4 to reduce child mortality by two thirds; MDG 5 to reduce maternal deaths by three quarters and achieve universal access to reproductive health; MDG 6 to halt and reverse the spread of HIV/ AIDS, achieve universal access to treatment for HIV/ AIDS by 2010, and halt and reverse the incidence of malaria and other major diseases.

#### ...achieving the five other MDGs are clearly essential inter-dependent steps to reaching the health goals:

MDG 1 has a target of halving the proportion of people who suffer from hunger; MDG 2 primary education; MDG 3 empowering women; MDG 7 includes a target of halving the proportion of population without sustainable access to safe drinking water and basic sanitation; and MDG 8 has a target to provide access to affordable essential drugs in developing countries.

The MDGs are inter-dependent; all the MDG influence health, and health influences all the MDGs. For example, better health enables children to learn and adults to earn. Gender equality is essential to the achievement of better health. Reducing poverty, hunger and environmental degradation positively influences, but also depends on, better health. ■

#### Additional information is available at:

[http://www.who.int/topics/millennium\\_development\\_goals/about/en/index.html](http://www.who.int/topics/millennium_development_goals/about/en/index.html)

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# UN GENERAL ASSEMBLY TO ADDRESS WOMEN AND CHILDREN'S RIGHTS IN CORRECTIONAL SYSTEMS

DEIDRA ROBERTS, WHO

## UNODC sanctions new rules for women prisoners

At a well-attended panel discussion held at the UN in Geneva on 11 June, Vienna-based Tomris Atabay reported that in April, the 12th UN Congress on Crime Prevention and Criminal Justice held in Brazil sanctioned the "UN Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (Draft) or the "Bangkok Rules". When the UN Office of Drugs and Crime (UNODC) held its 19th Commission last May the new rules were endorsed.

Further discussion of the Bangkok Rules is planned for September when the 65th session of the UN General Assembly is held in New York. It is hoped that world governments will adopt the recommendations for advancing gender equality and children's empowerment in the world justice systems. The 70 new rules do not replace but supplement the 1955 UN Standard Minimum Rules (SMR) for the Treatment of Prisoners.

During the panel discussion, Vienna-based Tomris Atabay broadly reflected on current achievements in prison reform, such as projects in Africa, the Middle East, and West and Central Asia. "We have seen increased requests for technical assistance in this area and expect our programme to grow over the years," she said. As a direct outcome of the Salvador Declaration she said UNODC are currently working on strategies to reduce over-crowding. Other initiatives include defining a set of principles and guidelines to assist countries to improve access to justice and legal defence mechanisms; a handbook on alternatives to over-crowding; and legal aid options to help reduce detention and imprisonment that lead to over-crowding in prisons.

Directly in line with recommendations contained in UNODC handbooks: Prisoners with Health Care Needs, Foreign Nationals Imprisonment, and handbooks on women and imprisonment, are two UNODC tools designed

## Human Rights violations diminish women and child health

Children and women are at the core of the Millennium Development Goals. It is timely, therefore, to bring to light how the long-standing violation of fundamental human rights of women offenders and their children, in turn, have exacerbated ill health, poverty and hunger for legions of "marginalized" people.

Presented here are two reports of highly focused and long-term commitments to the promotion and protection of dignity and human rights of women prisoners and offenders, and their children.

Recent events and ongoing work of the following two prominent bodies address highly substantive and dedicated efforts initiatives undertaken to provide country-level guidance and tools to underwrite more positive treatment of prisoners irrespective of resource restraints.

to help countries adopt new policy measures. "Basic training modules and regional and sub-regional training seminars have been prepared for officials of the criminal justice system, including prison staff," she reported.

Another key publication, UNODC's "Toolkit for HIV Situation and Needs Assessment in Prisons" was released at the 2010 International AIDS Conference held 18-23 July in Vienna, Austria.

Another key presenter was Vongthep Arthakaivalvatee representing the Kingdom of Thailand, the country credited with initiating the Bangkok Rules. He praised the leadership given by Her Royal Highness Princess Bajrakitiyabha who initiated the ongoing project which he manages called, Enhancing Lives of Female Inmates. "She is a legal scholar and practicing prosecutor in Thailand and also had experience working with the United Nations for Thailand in New York for some time," he explained. "She recognized there was a significant gender gap in how the 1955 SMR. were being applied and decided to do something about it."

(The SMRs. consist of 95 rules. They were adopted by the First UN Congress on the Prevention of Crime and the Treatment of Offenders, held at Geneva in 1955, and approved by the Economic and Social Council

by its resolutions 663 C (XXIV) of 31 July 1957 and 2076 (LXII) of 13 May 1977.)

Chief among the issues addressed are medical screening of women upon entry to penal institutions and child rearing responsibilities. "As you know it becomes a huge issue when women who have children and parenting responsibilities are suddenly taken from the home and placed into a correctional facility; it has more implications than for male prisoners," said Mr. Arthakaivalvatee. Other essential areas tackled were women's health in prison, personal hygiene, preventive health measures, and any previous incidence of violence. "This is not just about physical health but also mental health and safety. Ignoring these aspects frequently leads to self-harm and suicide," he concluded.

He congratulated two co-panellists, Ms Atabay and Geneva-based Rachel Brett of the Quaker UN Office (QUNO) "whose unending dedication and contributions are significant; and the fact they were also among the original contributors to writing the Bangkok Rules in 2009".

Important evidence was presented from the Brazil Congress by a co-panellist Tais Schilling Ferraz (Brazil) who said, "In Brazil 84% of women prisoners and alleged offenders are mothers who wish to keep family contact".



A panel discuss Administration of Justice and Detention: Human Rights Challenges and Opportunities, convened by the Permanent Missions to the UN of Austria, Brazil and Thailand, and the Quaker UN Office, on 11 June 2010. (Left to right: Tais Schilling Ferraz (Brazil); Chair: Ambassador Christian Strohal (Austria); Vongthep Arthakaivalvatee (Thailand); Rachel Brett (Quaker UN Office), and Tomris Atabay (UNODC).

Picking up on this thread, Rachel Brett added: "The desire to keep family contact is by no way unique to Brazil. It is a pattern we see again and again in all types of countries in different regions. Fortunately the issues of babies and young children who go into prisons with their mothers have been considered in the Bangkok Rules."

In addition, she explained the importance of looking at non-custodial measures. "We have been working on that issue and what we became aware of more rapidly is there are many more children who do not go into prison with their mother. And there are many more who have a father in prison because women prisoners are somewhere around 4-5 percent of the prison population. So 95% are men. As well, it is important to note the number of juvenile offenders who are also mothers and fathers. So we can't disaggregate so much that we forget these other ones." QUNO has published various studies about children of prisoners on their website in English, French and Spanish.

### **COPING – Children of prisoners, interventions and mitigations to strengthen mental health**

In addition, Mrs. Brett reported on progress of a project to address the lack of substantive research on how children's rights are restrained by current justice systems. "We were really pleased that at the end of 2009, the European Union also recognized this lack and has provided three years of fund-

ing for a specific research programme called Children of prisoners, interventions, and mitigations to strengthen mental health. It is called COPING. We chose that acronym for this child-centred project because it aims to investigate the characteristics of children with imprisoned parents, their resilience and their vulnerability to mental health problems."

The scope of the COPING project looks at children exposed to "triple jeopardy" through break-up of the family, financial hardship, and extremes of stigma and se-

crecy, leading to adverse social and educational repercussions. Four in-depth country studies will be made with assistance, in each country, given by an academic institution and an NGO already working with children of prisoners or the prisoner's families. Countries selected as part of the European-based project are Germany, Romania, Sweden and the United Kingdom. "Extensive research is not only about the children but will actually get them involved in participating in this project by disseminating research results to policy makers, professional bodies and key organizations," she explained. ■

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# NUTRITION IS CENTRAL TO ALL DEVELOPMENT ENDEAVOURS

## SECRETARIAT, UN STANDING COMMITTEE ON NUTRITION

Leading up to the MDG Summit in September 2010, and to make sure women and children's needs are at the forefront of the international development agenda, the UN Secretary-General Ban Ki-moon has initiated a global effort on women's and children's health. His aim is to secure commitment from a range of influential partners and provide organization and accountability for delivery, including at the highest levels. Nutrition must be a core part of this response.

Nutrition improvements and how they are attained—through nutritional status and the policies, programmes and processes—have much to offer to those who seek to advance a broad range of development goals. Good nutrition underpins progress specifically towards each of the MDGs (see boxed insert).

Malnutrition is a chronic structural problem that hits poor people, especially the most vulnerable women and children, hardest. It worsened in the wake of the recent triple-F crisis of high food prices, high fuel prices and financial markets. Also, energy and climate change crises are concrete threats to household nutrition security.

Including nutritional status as a key MDG target for poverty and hunger reduction (MDG1 target C) was an important first step in recognizing that policies, programmes and processes to improve nutrition outcomes have a central role in global development. However, the importance of nutrition for development goes far beyond providing a summary indicator of progress. Adding a nutrition perspective can strengthen key development mechanisms and instruments such as poverty reduction strategies, health sector reform, improved governance and human rights, and trade liberalization. Nutrition considerations can be integrated and turned into practical policies and programmatic actions in each of these areas. Such an approach to mainstreaming nutrition improvements can accelerate several development objectives.

Since the global agreement to achieve the MDGs was reached in 1990, millions of people have benefitted from improved living standards and improved nutrition. The work is, however, substantially unfinished. Some countries and regions have seen only small gains, if any at all. Progress has been particularly slow; for example Sub-Saharan

Africa, and some countries in South and Central Asia, Central America, and the near East have failed to witness improvements in nutrition.

As world leaders get ready to reaffirm their commitment to achieve the MDGs, and going beyond New York in September, it is essential they realize that income growth does not automatically solve the nutrition problem. Investments in nutrition are unique and highly cost-effective. With carefully designed strategies based on available extremely effective interventions, malnutrition can be reduced. To such an effect, two types of interventions are needed. First, direct nutrition interventions that include breastfeeding promotion, diet related interventions, sanitation and deworming. Second, a series of longer-term nutrition sensitive investments are needed across major sectors dealing with economic growth, social protection, women's education, water and sanitation, food production and food policy. ■

For the UNSCN good nutrition is not negotiable and is an input and foundation for development. Additional information is available at [www.unscn.org](http://www.unscn.org).



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## IMPROVED NUTRITION CAN HELP TO ACCELERATE THE ATTAINMENT OF ALL MDGS

### Goal 1 – Eradicate extreme poverty and hunger and Goal 2 – Achieve universal primary education

Malnutrition erodes human capital: it is widely recognized that child under-nutrition increases short-term morbidity and mortality in young children, but adding to that, recent long-term follow-up studies give convincing evidence that good nutrition in early life helps adults to become taller, stronger, and have greater learning capabilities, thus improving school achievement, economic productivity, and earnings. Malnourished children are less likely to enroll in school, or more likely to enroll later. Current hunger and malnutrition reduces school performance.

### Goal 3 – Promote gender equality and empower women

Dealing with malnutrition typically empowers women. Better-nourished girls are more likely to stay in school and to have more control over future choices.

### Goal 4 – Reduce child mortality and Goal 5 – Improve Maternal Health

Malnutrition is responsible for about 35% of child deaths and 11% of total global disease burden; maternal malnutrition is a direct

contributor to poor maternal health and well being.

### Goal 6 – Combat HIV/ AIDS, malaria, and other diseases

Malnutrition hastens onset of AIDS among HIV-positive individuals. Malnutrition weakens resistance to infections and reduces malarial survival rates.

### Goal 7 – Ensure environmental sustainability

Nutrition is dependent on food, but food security requires sound cropping practices, water management, and sustainable animal and fisheries production in an environmentally sustainable way. Climate change impact worsens the environmental and natural resource basis on which populations depend for their livelihoods and food and nutrition security.

### Goal 8 – Develop a global partnership for development

The multi-sectoral nature of nutrition means no single government ministry, UN agency, NGO or business corporation alone has neither the full responsibility for the nutrition problems or the capacity to solve them. The complex landscape of actors and stakeholders in nutrition shows the need to promote global partnerships for development that place nutrition as a cross-cutting theme at the centre of their efforts.

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## IAN ROBERTS, WHO

Afin de s'acquitter de son mandat constitutionnel de manière cohérente, efficace et rentable, l'équipe s'efforce de mieux comprendre et d'apprécier les réalités quotidiennes et les nécessités des pays qu'elle s'efforce de servir. S'appuyant sur un vaste réseau de collaborateurs, la Bibliothèque de l'OMS travaille

conjointement avec les bibliothécaires et professionnels de l'information dispersés à travers le monde. C'est grâce à l'utilisation quotidienne d'une panoplie d'outils collaboratifs – permettant des réunions virtuelles, des sessions d'apprentissage à distance ainsi que la gestion et le partage instantané de documents – que la Bibliothèque et ses homologues peuvent fonc-

tionner selon un mode qui ne tient pas compte de l'emplacement géographique des bureaux ou des individus. Par conséquent, c'est en brisant les frontières physiques ainsi que le statu quo des comportements et des mentalités que la Bibliothèque de l'OMS a développé six grands domaines prioritaires, à leur tour divisés en deux objectifs stratégiques distincts mais néanmoins complémentaires: améliorer l'accès équitable au savoir et aux informations sanitaires et médicales dans les États Membres de l'OMS et autres pays; et fournir des connaissances et des supports d'information à tous les collaborateurs OMS dans le monde, afin de faciliter leurs efforts dans l'avancement des domaines prioritaires de l'Organisation.

En réponse à ce double et vaste mandat, c'est en tant qu'équipe unique que toutes les bibliothèques de l'OMS ont conjugué leurs efforts et ont partagé leurs compétences. Dans un contexte mondial et en réseau, cette équipe mondiale ne cesse d'augmenter la rapidité et le niveau de ses services tout en évitant la duplication d'activités et de ressources coûteuses.

Par exemple, la Bibliothèque de l'OMS est en charge d'un partenariat public-privé appelé HINARI, offrant aux institutions de santé dans les pays en voie de développement un accès gratuit ou à bas prix aux principaux livres, revues et bases de données scientifiques internationaux. En outre, les bibliothèques de l'OMS (du Siège ainsi que des bureaux régionaux et de pays) investissent leurs ressources et développent leurs compétences dans la mise en œuvre de solutions à long terme pour la conservation numérique et la diffusion des connaissances.



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Deux exemples de cette approche sont les suivants: premièrement, sa base de données institutionnelle (IRIS) offrant un accès permanent et mondial à plus de 60 années de publications, documents techniques, guides et matériels de gouvernance de l'OMS en six langues (anglais, arabe, chinois, espagnol, français et russe). Deuxièmement, une nouvelle série de modules de formation à distance permettant au personnel de l'OMS d'accéder au moment de leur choix à des cours interactifs de trois à cinq minutes et couvrant tous les aspects de la recherche d'informations médicales et scientifiques.

Ces projets à grande échelle sont indispensables afin de combler les besoins en information scientifique et médicale de millions de praticiens, politiciens, universitaires et chercheurs, ainsi que du public du monde entier. Les bibliothèques de l'OMS s'efforcent d'assurer l'égalité d'accès aux ressources d'information médicale et scientifique, imprimées et en ligne, de sorte que toutes les décisions dans le domaine de la santé publique soient fondées sur des informations récentes et fiables et que les programmes de santé soient élaborés et mis en œuvre avec les connaissances permettant des résultats concrets et positifs.

En substance, la force motrice de cette équipe mondiale est son sens aigu de la responsabilité éthique. C'est pourquoi les bibliothèques de l'OMS sont actives dans la recherche des possibilités de collaboration et de nouveaux partenariats dans les domaines de la santé, du développement et de la technologie de l'information. C'est avec la certitude partagée que l'accès à l'information sur la santé est un droit fondamental pour tous, que les bibliothèques de l'OMS investissent du temps et des ressources pour répondre aux besoins d'un public le plus large possible – avec, notamment, un accent particulier sur les pays les plus pauvres du monde. En ce sens, les bibliothécaires de l'OMS se focalisent sur le renforcement des capacités au niveau des pays mêmes, en utilisant en premier lieu une écoute active, puis en collaborant à distance de manière active et soutenue.

Bon nombre des solutions aux problèmes de santé des pauvres existent. Ce sont sou-

vent des solutions simples mais qui ne sont malheureusement pas appliquées. Cela est principalement dû au fait que les informations pertinentes ne sont pas accessibles ou alors très difficiles à trouver. Le résultat est l'incidence des maladies infectieuses et la propagation des maladies chroniques à travers les pays en voie de développement. C'est, notamment, grâce à leurs activités à large échelle et avec une vision à long terme que les bibliothèques de l'OMS sont le lien essentiel dans un domaine de travail dans lequel l'information a un impact direct sur le bien-être et la vie de millions de personnes. ■

Pour de plus amples informations, vous pouvez contacter la Bibliothèque au courriel [LNK@who.int](mailto:LNK@who.int)

- Six bibliothèques dans les bureaux régionaux et une bibliothèque au Siège de l'OMS.
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- Research4Life (<http://www.who.int/hinari/fr> et <http://www.research4life.org>).
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# COMMENTS ON THE FUNDED SITUATION OF THE UNITED NATIONS JOINT STAFF PENSION FUND

The Pension Board held its annual session in July 2010 and reviewed the results of the latest actuarial valuation as well as the performance of the investment of the assets of the Fund. I would like to take this opportunity to comment on these two important items which provide an update on the financial situation of the Pension fund.

## BERNARD COCHEMÉ, UNJSPF CEO

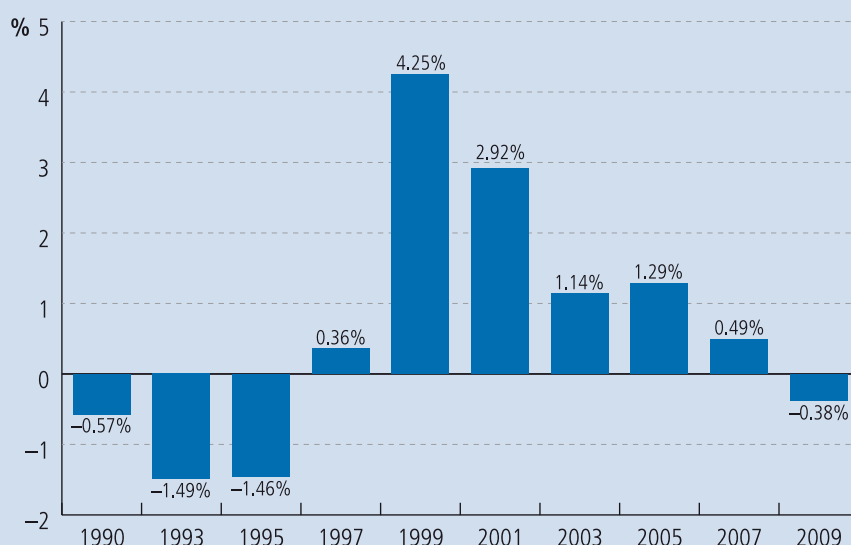
Starting with the actuarial situation, I would recall that the primary purpose of the actuarial valuation is to determine whether the current and estimated future assets of the Fund will be sufficient to meet its liabilities. The practice of the Fund has been to carry out a valuation every two years. The report presented to the Board by the Consulting Actuary in June 2010 revealed an actuarial deficit of 0.38% of pensionable remuneration on the basis of data as at 31 December 2009. In other words, the current contribution rate of 23.7% (7.9% paid by employees and 15.8% paid by employers) is short by 0.38 percentage points when compared to the estimated 24.08% contribution rate needed to balance the Fund's financial situation in the long term.

### Does the actuarial deficit revealed by the latest valuation place the Pension Fund at risk?

First, it is important to note that this latest result is the first in many years to reveal a contribution rate deficiency. The six previous biennial actuarial valuations since

**Table 1 Actuarial Valuation Results as of 31/12/2009**

Excess or Deficit Contribution Rate Required to Maintain Balance Compared to the Current 23.70% of Pensionable Remuneration



31 December 1997 have disclosed surpluses above the current contribution rate of 23.7% of pensionable remuneration, in the range of 4.25% to 0.36%, as shown on table 1.

While a single or, for that matter, a series of single figures provides useful information at the valuation date and can possibly be indicative of a developing trend in the future financial situation of the Fund, a further analysis of these results is necessary to properly assess the situation.

Another indicator contained in the actuarial valuation is the funded ratio of the Fund. This indicator compares the current assets of the Fund with the value of all accrued benefits on the valuation date which include benefits for current retirees and beneficiaries as well as benefits already earned by current participants, if their services were terminated on that date. This funded ratio is close to 140 per cent. It shows that the Fund would have considerably more assets than needed

to pay the benefits, assuming that no future adjustments would be made in pensions for changes in the cost of living. However, if the pension adjustment system, including the two-track system, is taken into account the funded ratio would drop below 100.

The conclusion drawn by the Consulting Actuary is that the 140 per cent funded ratio calculated on a "plan termination" basis reflects a strongly funded position as had been the case for the past ten valuations. The Committee of Actuaries reviewed these figures and similarly concluded that the Pension Fund continues to be adequately funded and is assumed to meet its short and long-term pension payment commitments.

Among the many factors that play a role in actuarial valuations, three of them e.g. demographic, economic and changes in benefit provisions are the most important ones. As far as the UN Pension Fund is concerned, changes in benefit provisions have occurred

**Table 2 Annualized Real Rates of Return; Excess of 3.5% long-term objective**

	1 Year	3 Years	5 Years
31 December 2009	13.1%	-4.6%	-1%
31 December 2008	-27.3%	-5.7%	-2.1%

during the past 10 years but their long term impact has not been considered significant.

Regarding demographic factors, the Pension Fund has observed through its regular biennial experience reviews, increases in the life expectancy of its participants and the related additional costs of improved longevity. The Fund has accordingly reflected

this trend in the revision of its mortality tables in 2007 and through increases in its pension commutation factors in 2009. The impact of these changes has been quite significant; The 2007 actuarial valuation, when the surplus dropped from 1.29 per cent to 0.49 per cent, reflected the estimated 2.1% actuarial cost of the revised mortality tables. The latest 2009 valuation reported a deficit

of 0.38% which included a 0.25% cost for the revised commutation factors.

In fact, the change in 2009 from a surplus to a deficit has been primarily the result of investment experience which has been below the assumption. As is the case with demographic factors, actuarial valuations are carried out on the basis of long term assumptions. For investments, performance achieved in recent years has fallen short of meeting the long term investment objective for real rate of return of 3.5 per cent, as can be seen on table 2 which presents the Fund investment performance over this real return objective on the basis of annualized data for 1, 3 and 5 year periods.



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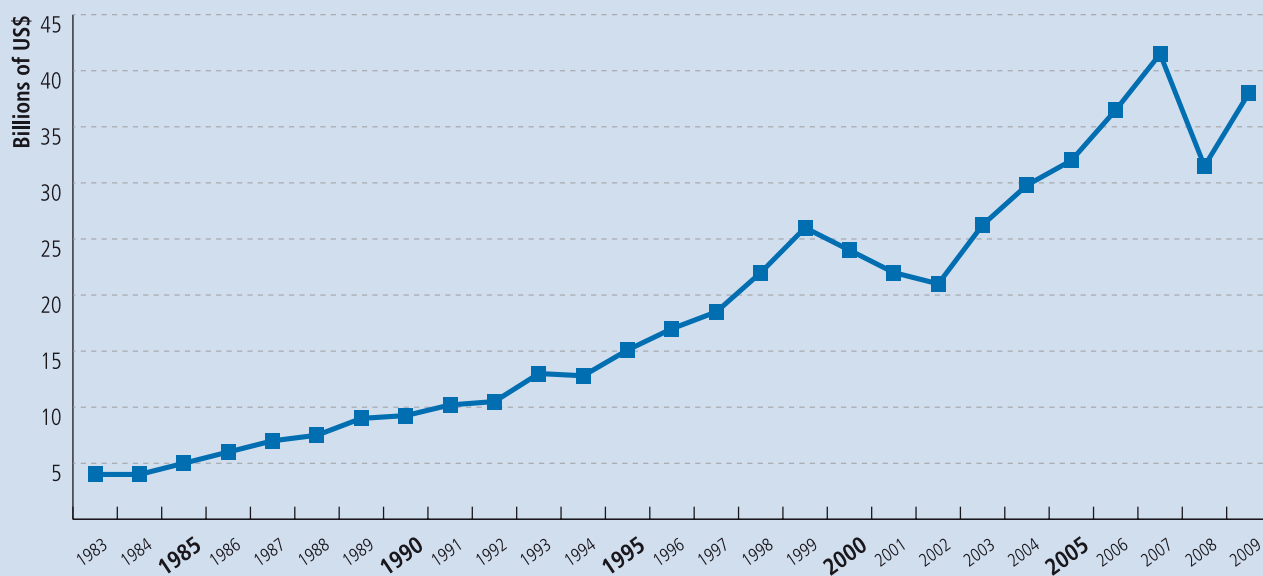
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**Market value of the UNJSPF**  
From 31 December 1983 to 31 December 2009



This table also shows the significant impact that the negative 24.9% return in 2008 followed by a positive 20.3% investment performance in 2009, in nominal terms, had on the annualized rates of return for periods below 5 years.

What arises from the recent review of the financial situation of the Fund is the considerable volatility shown by the Fund's investment performance.

#### **Does the volatility of the Fund's investments place the Fund at risk?**

There is no doubt that the recent turmoil

in the global financial markets has had an impact on the market value of the Fund's investment portfolio. The assets of the Fund dropped significantly in 2008, from US\$41.7 billion to \$31.2 billion, and again during the first quarter of 2009 when their market value went down to \$26.6 billion. Since then, the financial markets have bounced back and the market value of the assets of the Fund increased to \$37.6 billion at the close of business on 31 December 2009. In other words, the Fund's assets decreased by some \$10 billion in 2008 and recovered about \$6 billion in 2009. At the time of writing, on 9 August 2010, the market value stands at \$38.1 billion.

Fund and, in particular, the long-term investment horizon. Annual contribution income (\$1,928 million in 2009) generally covers and, at times, exceeds benefit payments (\$1,917 million in 2009). Therefore, the Fund is not required to draw funds from investment income or to sell its equity, bond or real estate holdings to fund short-term needs. Investment income which includes interest, dividends and other revenues from the real estate portfolio and the sale of securities, continues to be re-invested. This is obviously a very positive feature of a fully-funded and slowly maturing defined-benefit pension scheme such as the UN Joint Staff Pension Fund.

The above graph illustrates the evolution of the market value of the Fund's assets as recorded on 31 December of each year. The volatility in the financial markets has negatively impacted the actuarial situation of the Fund. However, this impact is somewhat attenuated in the actuarial valuation by the use of a five-year moving market average methodology (including a limiting corridor of 15 per cent below and above the market value of the assets), which results in a smoothing of extreme "bumps" in the markets.

It is also important to stress the importance of maintaining a long-term outlook for the

The table 3 compares the investment performance over a longer term period against the Fund's long-term investment return objective of 3.5% in real terms; it shows that despite the short term volatility, the performance of the investments has exceeded its long term objective.

In summary, the Fund's long term projections are practically unaffected by the current volatile market conditions. However, as noted by the Committee of Actuaries, the Fund needs to ensure that, in the long term, investment performance meets the 3.5% real return objective and that this objective

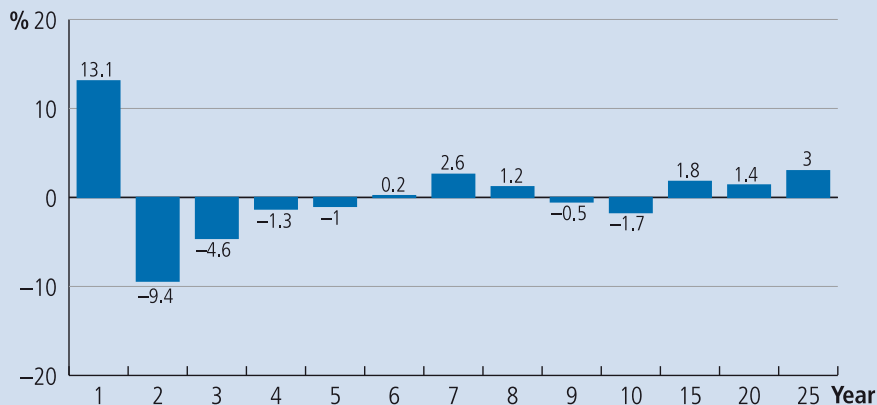
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**Table 3 Real Return excess of 3.5% Long-term Investment Objective through 31 December 2009 (geometric)**



Investment Management Division and the UN Secretary General, who has fiduciary responsibility over the investments of the Fund, in decisions concerning optimal long term asset allocation and currency strategies for the investment of the assets of the Pension Fund. The results and recommendations are expected in Spring 2011. ■

is achieved with no undue risk as possible to avoid fluctuations in the results of future actuarial valuations. The Committee's comment should be understood in the context of a maturing pension fund where the results of future actuarial valuations will be more strongly linked to future investment returns.

I would like to add that the Fund will soon undertake a new Asset-Liability Management study which is an important component of its on-going performance monitoring process and risk management policy. Using the results of the ALM helps to ensure long term solvency and assists the Fund's

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# Fight again



Iron lungs fill a hospital ward in the United States in the 1930s: with 5–10% of polio victims suffering paralysis of the muscles that regulate breathing, wards filled with iron lungs were common. Once admitted to an iron lung, children remained there for the rest of their lives.



In 1921, future US President Franklin D. Roosevelt contracted polio and was paralyzed from the waist down. In 1938, he helped found the National Foundation for Infantile Paralysis, whose drive to help find a vaccine became the highly publicized "March of Dimes", raising money for the rehabilitation of polio victims and the development of a polio vaccine.



Dr. Albert Sabin developed live oral polio vaccine (OPV) in 1961, also with the support of the March of Dimes. OPV continues to be the preferred choice for vaccination in endemic countries.

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1930

1938

1955

1961

An Egyptian stele, dating from 1403–1365 BC, portrays a priest leaning on a staff with a withered leg – a pertinent reminder of how long polio has been crippling children and why it is necessary to finish the job.



In 1955, Dr. Jonas Salk, with support from the March of Dimes, developed the first injectable, inactivated polio vaccine (IPV).



After a record 57,268 children in the United States were paralyzed by polio in 1952, US schoolchildren were among the first to receive the polio vaccine.



# Against Polio

## From antiquity to today



The partners in the GPEI effort, the World Health Organization, Rotary International, the US Centers for Disease Control and Prevention and UNICEF, have launched a new Strategic Plan targeting the final remaining geographical pockets of poliovirus to fulfil Rotary's vision and End Polio Now.

If this Strategic Plan can be fully funded, every last child will be free to receive polio vaccine, and by extension, every last child will have the chance to live a life free from polio.

The final case of polio in the Americas was recorded in 1991, in a two-year-old boy named Luis Fermin Tenorio.

1988

1991

2009

2010

WHO Director-General Dr. Halfdan Mahler launches the Global Polio Eradication Initiative – a partnership between the World Health Organization, Rotary International, the US Centers for Disease Control and Prevention, and UNICEF – at the World Health Assembly in 1988.



In 1988, when the polio eradication initiative was launched, more than 350,000 children were paralyzed each year in more than 125 endemic countries. Repeated immunization campaigns have seen that number fall to 561 cases this year in 15 infected countries (as of 21 July, 2010). Only four countries worldwide have never stopped poliovirus transmission (Nigeria, India, Pakistan and Afghanistan).



Bivalent oral polio vaccine – which targets both remaining serotypes of wild poliovirus with one vaccine – was first used in Afghanistan in December 2009 and will be a key tool in the final steps to polio eradication.





# INTERVIEW WITH BORIS WASTIAU, DIRECTOR OF THE MUSEUM OF ETHNOGRAPHY (MUSÉE D'ETHNOGRAPHIE – MEG)



## SARAH JORDAN, ONUG

After having interviewed Jean-Yves Marin, Director of the Museum of Art and History in February and Tobias Richter, Director of the Grand Théâtre in May, here is the third in our series of *UN Special* interviews charting recent developments on the cultural scene in Geneva. Boris Wastiau, who is alert and of sporty allure, welcomes us to his unadorned and functional office and sits down with us at a table on which his cycle helmet co-habits with piles of books and pamphlets. His dynamism, enthusiasm and energy are apparent, as is his strong attachment to “the field”...

### Could you present the MEG to us in a few words?

Like all museums, our vocation is to seek out and present collections. In our field, ethnography (often known as anthropology or world culture in the Anglo-Saxon world), that means a lot of objects. The collection here in Geneva originates from the five continents – including Europe – which is unusual for a museum of this type. Our role

is to organise exhibitions to present these objects. Some of these exhibitions are erudite and others more accessible to the general public. We accompany them with a full agenda of activities aimed at many different audiences. With 40,000 visitors per year, our public is as varied as the population of Geneva itself. On our present premises, there is no permanent collection but we organise three to four temporary exhibitions per year, either here, Boulevard Carl-Vogt, or at our annexe in Conches. They are very successful and one of the main reasons for this is the importance we give to communication through our website, Facebook, the press, posters and mailshots, for example.

### An extension project was given the go-ahead by the Ville de Genève in the spring of 2010 and will hopefully be confirmed by a referendum on 26th September. What changes will this extension bring about?

We'll be able to do what we are already doing but more effectively. Our present premises are a former school and we are restricted by its physical limitations. The biggest room we have in which to present objects is only 58 m<sup>2</sup> in size. We can only welcome one school group at a time, for example, and we lack adequate facilities for persons with restricted mobility. After the extension we will have an 800 m<sup>2</sup> hall in which to welcome up to 600 visitors and 2,000 m<sup>2</sup> of exhibition space. Lifts, a café and a museum shop will offer greater comfort to all categories of visitors and a library, a multimedia library, conference rooms and

auditorium will mean that everything that goes on around our exhibitions will be better served. All the newly created space will be for the public – the existing building will be used for administrative purposes. The esplanade in front of the museum will be landscaped and trees will be planted all around the museum site – the future MEG will be a place for families and a cultural flagship for Geneva. The exhibition presenting a scale model of the new museum will be open here at Carl-Vogt until 26th September and explains the project in great detail.

### What forthcoming exhibitions do you plan?

The future museum of ethnology will be a place for discussion and encounters and not just a place to remember. It will be the first museum of its kind to house a gallery in the permanent collection that will present anthropology to visitors: the history of the science of anthropology, of the collection and of the institution. We will aim to strike a balance between the past and contemporary issues. We also intend to reinforce our scientific and field research over the next three years and further develop partnerships with sister institutions on the five continents, resulting in exhibitions in Geneva and elsewhere. Ethnology has changed a great deal in the last twenty years – museums are no longer hunters or predators – we now work hand in hand with qualified and competent people overseas.

We are currently working on three very different exhibitions – amongst others – and they are indicative of the diversity of

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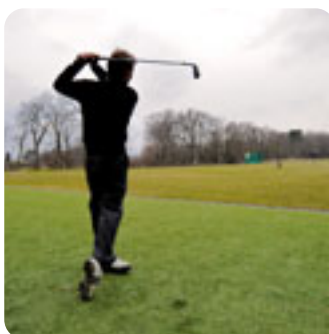
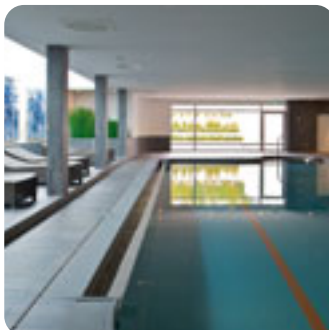
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themes we intend to cover. In partnership with the Federal Office of Culture in Berne and experts in Peru, we are preparing an exhibition on the pre-Columbian Moche civilisation for the re-opening of the new museum in 2013. This exhibition will travel – to Peru, the United States and Europe after Geneva. We are also planning an exhibition in partnership with the Daigo-Ji Buddhist temple on the outskirts of Kyoto. This monastery presented a peace bell to the city of Geneva in 1991, to replace the one that had been exhibited in the Ariana park until 1930, when the original was sent back to Shinagawa, a district of Tokyo. This exhibition has been made possible because of the special relationship built between the city of Geneva and Japan around this symbolic carillon. We are also planning an exhibition on Madagascar – the current photography exhibition on this theme (that runs until 26<sup>th</sup> September and will then travel to Madagascar) is something of an “appetiser” – the forthcoming exhibition will be much bigger.

**And what about sustainable development and ethics? Are they relevant to your activities? The UN is also present on the five continents – do you have any common projects?**

Rules and regulations are increasingly adhered to and this is becoming the case worldwide. However, ethnological museums are not development agencies – we lack the means and qualifications and have limitations. Ethnology is “a window on the world” – a bridge between cultures. We aim to reach as wide a public as possible but our vocation is to sensitise, not to provide solu-

tions. We are the first to look, analyse, study and then to make information available but we have no political agenda and cannot be the showcases museums often were in the colonial period for foreign policy and development cooperation. We retain our scientific independence. With the UN, we have no common projects as yet. We need to go step by step. We are restructuring the building, then the programme and seeking out ongoing private and public funding – so we have a full agenda.

However, the partnerships we are developing with universities will certainly contribute to the growing awareness and respect for cultural differences we share with the UN system. Five new undergraduate courses with an ethnological/ anthropology thread will be running next year – three here in Geneva, one in Lausanne and one in Lucerne. I have recruited a new Director of Research for the Americas with the aim of creating a new centre for anthropological research offering fellowships and grant programmes. In four to five years from now, a Master’s programme in social and cultural anthropology could be on offer in Geneva – making it the largest centre for anthropological research in French-speaking Switzerland.

**Several museums or cultural landmarks in Geneva have recently seen new Directors appointed or will shortly do so. Is there a wind of change blowing on the Geneva cultural scene?**

In Geneva, there are fine collections with great potential. There are fewer funding problems than elsewhere and it was time

for certain infrastructures to be renovated to meet today’s international standards. What appeared to be a sort of worldwide “museum frenzy” ten to fifteen years ago is continuing. The Musée du Quai Branly in Paris has clocked up 6 million visitors in the four years since it opened. There is a market for culture and a demand that necessitates appropriate infrastructures. Private collections have come into the public domain. Museum studies is now a recognised academic discipline in which people have received training and they are applying these new techniques in the posts they occupy. Museums have entered a new generation compared to what they were only ten years ago. The services are far more complex and diverse. More people visit museums and the concept of what a museum is and the role it plays in relation to the public have changed. At the MEG we will also have a second museum – a virtual museum. It will be possible to browse the objects, the paper archives and photos. Everything will be digitalised and a visitor will be able to come to the site for a “personalised” visit on a theme – like “dance” or “music” – with access to items that are not necessarily on display. Academics or students will be able to prepare their own presentations using this data. So I suppose we could say that museum-going has entered a new era... ■

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Au programme cet automne la marche nordique, les cours de gymnastique Pilates et les réunions Weight Watchers.

## Marche nordique

Accessible à tous, la Marche nordique, permet de se muscler en douceur, de développer une meilleure coordination, de mieux respirer et de se détendre. Elle est aussi une précieuse alliée de la perte de poids. En dix séances, une physiothérapeute, vous initiera aux techniques de base. Elle reviendra quelques semaines plus tard, pour une nouvelle séance facultative afin de corriger les erreurs de posture. Dans l'intervalle, il vous reviendra de pratiquer régulièrement ce type de marche, par exemple entre collègues à l'heure du déjeuner.

**Quand:** Septembre

**Où:** Entrée du jardin botanique

**Combien:** 185 fr. le module d'apprentissage de dix séances. Les bâtons sont fournis.

La cotisation annuelle au Club Santé et Bien-être de 20 fr. est obligatoire

## Inscription:

Contacter: Florence Durand Portier

Par téléphone: 022 917 16 46

Par courrier électronique:

clubsante@unog.ch

## Cours supplémentaires

Cours avec la physiothérapeute tous les derniers vendredis du mois sur inscription 48 heures à l'avance: 75 fr. le carnet de cinq sorties. Les bâtons ne sont pas fournis

## Gymnastique selon la méthode Pilate.

Inventée par Joseph Pilates il y a plus d'un siècle, cette méthode permet d'éliminer le stress, d'assouplir la colonne vertébrale, de renforcer la musculature et d'améliorer la posture.

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**Quand:** Tous les mardis entre 12 h 30 et 13 h 30, à partir du 14 septembre

**Où:** Palais des Nations (salle à déterminer)

**Combien:** 360 fr. les douze séances.

La cotisation annuelle au Club Santé et Bien-être de 20 fr. est obligatoire

## Inscription

Contacter: Cathy Peck-Orme

Par téléphone: 022 917 20 49

Par courrier électronique:

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# CHAPERON ROUGE GARDE D'ENFANTS À DOMICILE



**Fondé en 1993 par la Croix-Rouge genevoise, le Chaperon Rouge est un service de garde d'enfants à domicile, qui intervient dans le canton de Genève auprès d'enfants âgés de 0 à 12 ans.**

Conçu à l'origine pour venir en aide aux parents dans les cas urgents, lorsque leur enfant était malade, le Chaperon Rouge s'est récemment développé pour offrir des solutions de gardes sur mesure. Aujourd'hui, les gardes d'enfants sont disponibles en cas de maladie d'un ou de plusieurs enfants en l'absence des parents, lorsque le système de garde habituel fait défaut (indisponibilité d'un parent proche, d'une garderie, d'une crèche ou d'une nounou) ou lorsque la famille n'a tout simplement pas de solution de garde pour ses enfants.

## Qui sont les gardes d'enfants?

Les gardes d'enfants à domicile sont des personnes formées, dont les compétences sont garanties par la Croix-Rouge genevoise. Toutes les missions se déroulent dans le respect des valeurs et des principes du mouvement Croix-Rouge. Le service des gardes d'enfants travaille en collaboration avec le Service des Emplois de Solidarité de l'Office cantonal de l'emploi.

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Sur simple appel téléphonique, le Chaperon Rouge organisera une garde pour votre enfant en moins de 4 heures. Les parents dont les enfants sont malades ont la priorité (maladies bénignes). Les demandes par mail ne sont pas prises en compte. Les gardes d'enfants se déplacent à domicile 6 jours sur 7, de 7h à 21h, pour des missions de deux heures au minimum.

Pour pouvoir bénéficier du tarif réduit (avec subside), merci de faire parvenir l'attestation de subside de l'assurance maladie au Chaperon Rouge.

## Dépannage en urgence enfants malades

Les dépannages d'urgence pour enfants malades sont subventionnés par le Canton de Genève.

## Dépannage en urgence enfants non-malades

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par écrit, accompagnée de l'attestation du revenu déterminant unifié (RDU), de la police d'assurance maladie de l'enfant et de la police d'assurance RC privée du ménage.

## Tarifs

Les tarifs sont fixés à partir du revenu déterminant unifié (RDU). Pour déterminer le coût de la mission, les revenus de toutes les personnes faisant ménage commun sont pris en compte. A ces tarifs s'ajoutent une taxe administrative de Fr. 100.- (Fr. 30.- les années suivantes) et des frais de déplacement de Fr. 6.- par jour ou Fr. 70.- par mois (tarifs TPG). Acompte: la taxe administrative ainsi que la valeur de 2 semaines d'intervention doivent être versées au plus tard 10 jours avant la 1<sup>re</sup> intervention.

## Renseignements

du lundi au vendredi: 7 h 45-11 h 30 et 13 h 45-17 h 30 (vendredi jusqu'à 17h). N'hésitez pas à contacter le Chaperon Rouge pour une aide financière ou un arrangement de paiement.

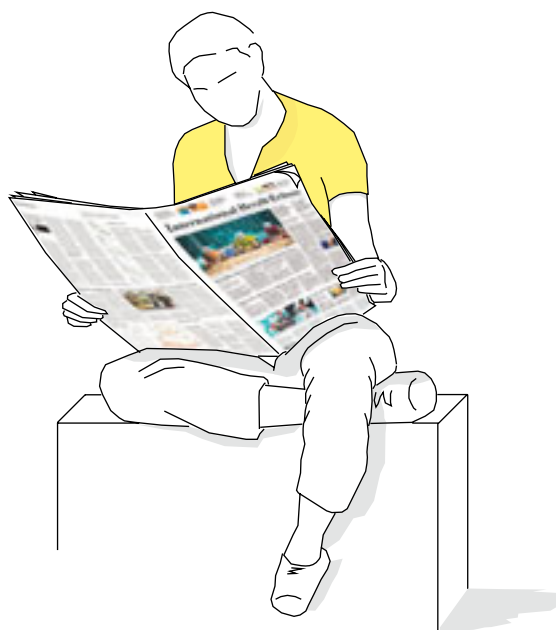
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www.croix-rouge-ge.ch  
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# LAUNCH OF UN GENEVA TOASTMASTERS CLUB WEBSITE

## SYLVIE JACQUE, UNOG

The United Nations Geneva Toastmasters Club will launch their website on Wednesday, 22 September, at 6 p.m. All are welcome!

Toastmasters International was founded in California in 1924 to provide a platform for people to practise their public-speaking and leadership skills. It has grown enormously since then with over 250,000 members in 12,500 clubs worldwide. In Switzerland

alone there are seventeen clubs (seven in Suisse Romande). Toastmasters offers a friendly and supportive environment in which to develop, improve or hone your skills according to your need or desire. It also provides an inexpensive yet invaluable contribution to your professional development.

The UN Geneva Toastmasters Club was founded in 2008 and chartered in August 2009. There are two meetings a month; an

evening meeting beginning at 6 p.m. every second Wednesday, and a lunch-time meeting every fourth Friday at 12.30 p.m. We welcome new members. To join us, simply come to a meeting. ■

For more information visit our website: <http://ungeneva.freetoasthost.org> or contact Club President Sylvie Jacque, SJACQUE@UNOG.ch.

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**English spoken**

# A VÉLO AU BOULOT BIKE TO WORK

L'Association Pro Vélo Suisse a lancé le 1<sup>er</sup> juin 2010 la 5<sup>e</sup> édition de son action «A vélo au boulot» ou «Bike to work». L'objectif est double: tout d'abord encourager l'utilisation du vélo pour effectuer les trajets entre domicile et lieu de travail, et ensuite développer la bonne ambiance entre collègues.

**MARIE-PIERRE FLEURY, CAROLINE LEPEU, UNOG**

Pour ce faire, les employés des entreprises participantes s'inscrivent par équipe de quatre pour se rendre au moins la moitié du mois de juin au travail à vélo. Les combinaisons transport en commun et vélo, trottinette ou patin à roulettes sont également autorisées!

La Mutuelle (Association Mutuelle des Fonctionnaires Internationaux ou MEC) a lancé son plan de Mobilité le 1<sup>er</sup> janvier 2004 afin d'inciter les fonctionnaires à venir autrement qu'en voiture et ainsi contribuer à l'application des principes du développement durable dans les organisations internationales. Grâce aux partenariats avec les CFF, les TPG, la Fondation des Parkings et tout récemment Mobility CarSharing, elle propose à ses membres des tarifs réduits pour l'utilisation des transports publics.

Pour son 50<sup>e</sup> anniversaire, la Mutuelle a décidé de sponsoriser l'action «A vélo au

boulot», et plus de cent-soixante fonctionnaires internationaux ont répondu présents.

La météo n'a pas toujours été avec nous et nous avons dû affronter la pluie et la fraîcheur d'un mois de juin particulièrement capricieux. Mais la motivation était là et les objectifs sont atteints.

L'expérience a été positive pour tous: certains ont essayé le vélo comme moyen de transport pour la première fois et vont continuer pendant les beaux jours. D'autres sont déjà des convaincus de longue date et ont pu partager leur conviction avec d'autres collègues qui avaient envie d'essayer un mode de transport plus écologique et de joindre l'utile à l'agréable.

Tous les participants sont unanimes: Arriver à l'ONU après avoir déjà fait son exercice matinal donne une énergie positive pour toute la journée! Grâce à «A vélo au boulot» les cyclistes ont pu faire connaissance les



uns avec les autres et une joyeuse communauté de cyclistes commence à émerger.

Le succès a été facilité par l'Administration qui a augmenté le nombre de douches et de places de parking pour vélos montrant ainsi son engagement pour les moyens de transport alternatifs.

L'opération s'est terminée début juillet par un petit-déjeuner entre cyclistes et bien sûr tout le monde est venu... à vélo.

Nous vous attendons encore plus nombreux pour l'édition de 2011 et à bientôt dans les allées du parc... à vélo. ■



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# LE CODE QR



**Serait-ce le début de la fin du code barres? Ce dernier a bien tenu la route depuis le début de son utilisation dans les années 70 où il a eu un grand succès, grâce notamment aux supermarchés.**

**SERGIO DA SILVA, ONU/ STIC**

Le code QR (Quick Response) peut contenir jusqu'à 7089 caractères numériques ou 4296 caractères alphanumériques au lieu de 13 pour le code barres. Un autre intérêt, c'est qu'il peut être lu à l'aide de la caméra d'un téléphone portable. Il suffit que ce dernier dispose d'un logiciel de décodage préinstallé ou téléchargé. Plusieurs logiciels existent sur le marché et certains sont gratuits (voir site: <http://qrcode.kaywa.com>).

Ce code QR peut par exemple contenir: un numéro de téléphone ou une adresse URL

qui nous renvoie directement à un site sur Internet. La lecture de ce code permet d'obtenir davantage d'informations sur un produit, un monument, une affiche, un article, etc. Il suffit tout simplement de pointer la caméra de son téléphone vers le code, après avoir au préalable sélectionné l'application de lecture de codes et le résultat de la lecture sera aussitôt affiché à l'écran. Cela peut être un numéro de téléphone, une adresse personnelle ou d'entreprise ou un site web qui vous donnera davantage de détails sur le sujet en question.

Si l'image du code est endommagée, un algorithme intégré de correction d'erreurs peut toujours assurer sa lecture et nous transmettre l'information concernée.

Au Japon, pays d'origine de ce nouveau code, l'utilisation s'étend sur un grand nombre de supports et d'applications: les plans de ville, les magazines, les expositions ou les produits alimentaires. D'autres utilisations naissent chaque jour, comme la carte de visite avec code QR qui n'aura plus besoin d'être digitalisée. Le code est lu par le téléphone et les données de la personne seront automatiquement intégrées dans le répertoire du téléphone portable. Un code à l'arrêt du bus informe les usagers des fréquences de passage du bus qui les intéresse et dans une compagnie aérienne japonaise l'utilisation d'un lecteur de codes QR à l'entrée des avions dispense déjà les coupons de vol en papier.



Esthétiquement, il est loin d'embellir les affiches publicitaires. Cela n'a pas arrêté l'esprit créatif de certains, qui ont commencé à glisser des figurines et des effets colorés qui n'affectent pas la lecture du code grâce à la grande redondance de sa lecture. Curieusement, cela nous rappelle vaguement les timbres poste monochromes du 19<sup>e</sup> siècle. Plusieurs compagnies viennent aussi de mettre au point des techniques de transformation d'une image à coder sans la dénaturer. La musique aussi ne pouvait pas rester sans son code. Un signal sonore caché peut être interprété par un téléphone aussi équipé d'un logiciel spécifique, qui sera dirigé vers un site déterminé si le signal sonore caché se manifeste...

Il semblerait que l'utilisation de ce nouveau code n'aura pas de limites et que nous ne sommes qu'à ses débuts. ■

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## TUNISIE

## BIENVENUE A KSAR GUILANE



## TEXTE &amp; PHOTOS ANNE COLIN/ OMS

Oasis du désert tunisien, au sud de Douz, Ksar Guilane est bien connue pour sa source d'eau chaude et les ruines de son fort romain. Le tourisme y est très présent pour une journée d'étape ou une nuit dans un de ses campements.

Mais Ksar Guilane c'est aussi un village où quelques familles, attachées à leur désert, vivent très modestement d'élevage, de culture de dattes et de promenades avec leurs dromadaires, compagnons précieux dont ils sont très fiers.

Ksar Guilane, par sa situation géographique (à deux heures de route de Douz, on est déjà bien avancé dans le désert!) et par la couleur de ses dunes, est un départ exceptionnel pour une immersion dans ce désert mystérieux et envoûtant d'où celui qui s'y est aventuré revient bouleversé, voire métamorphosé.

Les habitants de Ksar Guilane sont tous des enfants du désert. Pour la plupart issus de familles qui se sont sédentarisées pour la scolarisation de leurs enfants, ils restent profondément nomades dans leurs coeurs. Bon nombre d'entre eux, bien qu'ayant un niveau scolaire honorable, ont choisi le désert à une vie plus moderne.

Les chameliers travaillent régulièrement avec le tourisme de passage pour des petites balades à dos de dromadaires. Ils sont épisodiquement engagés par des agences des villes des portes du désert comme guides pour les bivouacs. Amoureux du désert et fidèles à leurs traditions, loin de nos sociétés modernes, ces hommes «experts du désert», vous invitent à découvrir et partager leur mode de vie, leurs valeurs, leur monde...

Aller dans le désert, c'est vouloir vivre pendant quelque temps une aventure, c'est tendre vers l'authentique, l'essentiel, pour se sentir en symbiose avec l'univers. Le désert plein d'émotions, de vies, de lumières, nous révèle sans doute notre âme. Il faut le vivre pour le comprendre. Ici, vous êtes invités à cette grande et belle aventure.

A votre tour de vous combler de bonheur et de sérénité... ■

www.ksarguilane.com est une association de chameliers qui organise des randonnées dans le désert, dans un esprit équitable.

Contacts: **www.ksarguilane.com**

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BRITISH COUNCIL

# THE POWER OF THEATRE POST CONFLICT



**On 20 September 2010, the British Council Switzerland will host a ground-breaking one-day conference in Geneva to explore how cultural relations can be used to address conflict.**

**JOHN MARTIN, DIRECTOR PAN INTERCULTURAL ARTS**

The conference, ACT 2: The Role of Cultural Relations in Addressing Conflict: Re-establishing Normality, aims to identify best practice, explore specific case studies and identify potential roles for the arts in preventing conflict and in building peace in post-conflict situations. It will bring together a range of cultural, political and academic experts and practitioners. Among them will be Shakthi, a theatre for development group, initiated by the British Council Sri Lanka working with the Centre for Performing Arts, a local NGO, and using the expertise and experience of the UK's Pan Intercultural Arts and Emmanuel Jal, former child soldier from Sudan and now international rap artist. He and Emma Thompson are patrons of Act2.

Shakthi, a remarkable group of young people, is at work on the east coast of Sri Lanka, an area deeply affected by decades of war. Shakthi was formed in late 2008, comprising participants from the Tamil and Muslim dominated areas of Sri Lanka's east coast, some of whom had lived within the de facto borders established by the Liberation Tigers of Tamil Eelam, and from a war-ravaged

borderland where Tamils, Sinhalese and Muslims lived and worked in close proximity. The members of Shakthi were not professional performers from outside the area, but "peer" performers within the community who knew and lived the situation.

They were eager for change, but needed extensive training to become facilitators of change and a cohesive group. At the end of their training many remarked that they had never met, let alone worked, or had fun with members of the "other" community. This was the first success of the project.

Week after week these young Tamil and Sinhalese performers go into remote areas, performing for people like themselves about the social issues inherited from years of conflict. But they don't just perform; they

invite their audiences to enter an active discussion about how to alter their own behaviours to begin the change themselves, rather than waiting for others to come from outside their communities with solutions.

This is not a cathartic group aiming at making traumatised communities just feel good; it is peer-to-peer research into social issues, replaying them in such a way that audiences can recognise and analyse them and, crucially, can rehearse alternative futures. It is rough theatre played in open air spaces, in monsoon downpours in tin roofed buildings. When the audience arrives, the performance begins. When they need to go home because they are in the fields next day, the event ends.

The outstanding factor of Shakthi's 18-month life is that it addresses the real problems

## ACT2 THE ROLE OF CULTURAL RELATIONS IN ADDRESSING CONFLICT: RE-ESTABLISHING NORMALITY

**A one day conference at the International Red Cross and Red Crescent Museum, Geneva  
Monday 20 September**

This innovative event explores the power of cultural relations to address conflict, showcasing good practice from around the world.

**By invitation only.**

Please contact **Caroline Morrissey**,  
Director, British Council Switzerland on  
[britishcouncil@britishcouncil.ch](mailto:britishcouncil@britishcouncil.ch) or 031 301 14 73





identified by Tamil and Sinhalese communities in this post-conflict society. These are not ethnic hatred and misunderstanding, rancour or even political inequities. The issues that the affected communities see as obstacles to change are those caused by education interrupted during the war; by broken income streams because farmland was mined and unusable; by the loss of a male in the war (to either side) which forces the wife to take up paid domestic labour overseas, destroying family infrastructure. An entrenched pattern of child marriages, which did not cease with hostilities, has denied education to thousands. Stories drawn

from the group's direct experience and recognisable to all the audiences are the material for Shakthi's plays.

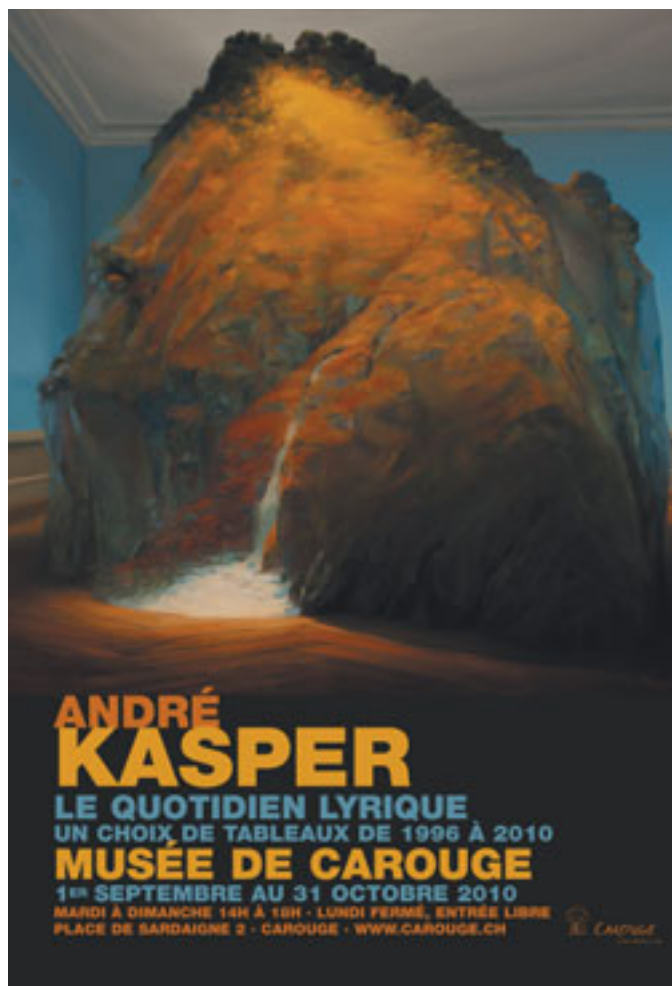
The plays follow a simple, stark format. A short play is performed, about a particular social issue, showing the worst case, but recognisable, outcome – a death, a crime, a loss. Everyone will recognise such incidents. The play is then performed a second time, but now anyone in the audience can stop the action, replace the worst affected character, and perform what they would say or do to avoid the tragic outcome of the original. Two facilitators “manage” these interventions, constantly asking the audience if the suggested behaviours are credible and if they do indeed suggest a different outcome. The audience is effectively “rehearsing” its own alternatives, so that they can transfer these to their real lives.

Members of the audience do interrupt and intervene, in their thousands. They do discuss and debate their issues, they do lead

to change. One Shakthi member recounts that she was asked to visit a family living a situation identical to the role she was performing. As a result of her visit, a child marriage did not take place and a girl is back in full education with her future open to her. There are hundreds of similar stories.

During the week of 13 September, British Council, as part of Act 2 will also host a workshop for young people from other countries where there has been conflict, with the aim of introducing them to the skills that the members of Shakthi have put to such good use in Sri Lanka. ■

For further information about Shakthi, the conference and the workshop, please contact Caroline Morrissey, Director British Council Switzerland, [britishcouncil@britishcouncil.ch](mailto:britishcouncil@britishcouncil.ch) or 031 301 14 73 [www.britishcouncil.org/switzerland](http://www.britishcouncil.org/switzerland) [www.pan-arts.net](http://www.pan-arts.net)



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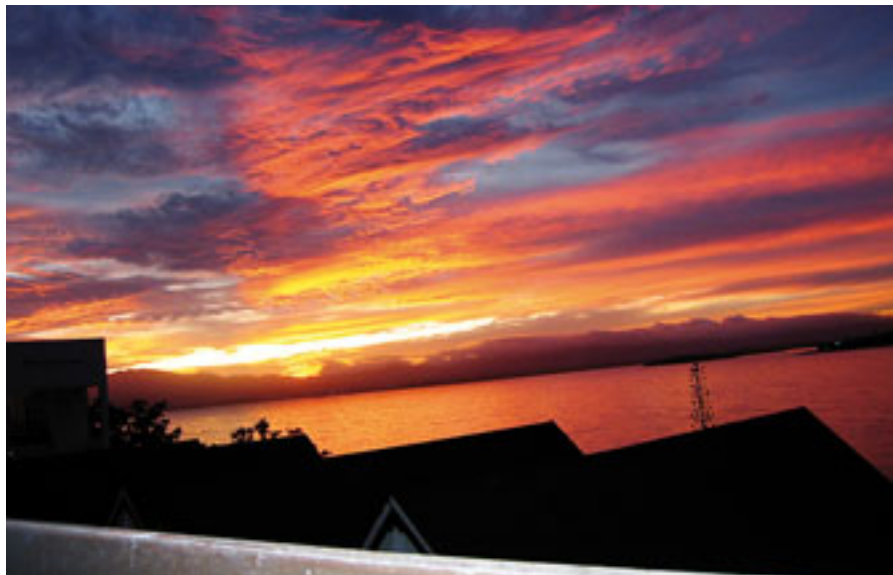
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GUADELOUPE

## L'ÎLE AUX BELLES EAUX: GRANDE-TERRE



**Karukera – l'île aux belles eaux – fut baptisée «Santa Maria de Guadalupe de Estremadura» par Christophe Colomb, en hommage à la Sainte-Vierge de Guadeloupe qu'il vénérât. Lorsqu'il arriva sur l'île de Basse-Terre en 1493, lors de sa quête du Nouveau Monde, il y découvrit une peuplade amérindienne qui pratiquait le cannibalisme, les Caribes, dont la mer d'Amérique centrale tirera son nom.**

**TEXTE ET PHOTOS: JOËLLE MENETREY, OMS**

Deux îles aux reliefs distincts séparées par un étroit bras de mer, la Rivière Salée, font ressembler la Guadeloupe, vue du ciel, à un grand papillon: Grande-Terre, calcaire, faite de collines (mornes) et de plaines, au climat sec, et Basse-Terre, volcanique, montagneuse et humide. La culture, le langage, la musique sont marqués par deux siècles d'esclavage. Nous découvrons cet archipel durant l'«hivernage», alternance durant notre séjour d'averses tropicales noyant les routes

et les plages sous des trombes d'eau et d'un ciel sans nuage au soleil réparateur.

Nous sommes tout de suite plongés dans l'ambiance des îles antillaises avec Saint-François, petit village de pêcheurs aux demeures traditionnelles, avec un marché couvert. Les lagons aux eaux limpides se succèdent jusqu'aux falaises de la Pointe des Châteaux, spectacle époustouflant de ces vagues venant s'affronter puis se confondre. Nous apercevons au loin l'île

de la Désirade, où des éoliennes d'avant-garde, rabattables à l'approche des ouragans, domptent les alizés.

Nous faisons une halte dans le centre artisanal de Sainte-Anne, où des souvenirs et objets locaux font la joie du touriste. Le marché très coloré propose des produits venus tout droit des petits producteurs environnants. Nous prenons place sous les toiles solaires tendues entre une boutique et le bistrot; une serveuse expansive et joviale nous sert de délicieuses crêpes et un «plan-teur» mémorable; heureusement la plage de sable blanc n'est pas loin.

En plein cœur de la capitale, Pointe-à-Pitre, le Musée Saint-John Perse étonne par son architecture coloniale. Ses colonnettes, ses frises, son jardin entouré d'une barrière de fer forgé se détachent du style d'habitation guadeloupéen. Classée monument historique en 1979, cette superbe construction conçue par Gustave Eiffel était destinée à une jeune fille de Louisiane, mais des avaries du navire la transportant changèrent le cours de son destin. Ici est retracé le parcours hors du commun d'un enfant du pays, Alexis Leger, qui prendra le pseudonyme de Saint-John Perse en 1924. Prix Nobel de littérature 1960, poète, il suivit une brillante carrière diplomatique et travailla même pour la Bibliothèque du Congrès, à Washington, lors de son exil dans les années 1940. Cette demeure nous plonge également dans la vie quotidienne du XIX<sup>e</sup> et début du XX<sup>e</sup> siècle où les tenues vestimentaires des esclaves, mulâtresses et maîtres tiennent une place prépondérante dans la vie sociale.





## WINDOWS

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Sur la route de l'anse Dumont, nous sommes attirés par une petite foule partant à l'assaut d'un promontoire. Deux bœufs attelés à une charrette empruntent le chemin de terre bourbeuse. Un peu timides, craignant de nous immiscer dans une fête purement locale, nous nous approchons tout de même, curieux de cette ambiance festive. Il règne une effervescence vraiment étrange pour ce coin de campagne. Nous ne sommes pas vraiment chaussés pour la circonstance, et l'on voit des sourires se dessiner sur les visages des autochtones.

L'herbe de la colline a cédé la place à une terre grasse, brune, où les roues ont marqué de profonds sillons. La piste pentue, de 100 à 200 mètres, est bien délimitée. Une grande courbe ajoute à la difficulté. Des coups de fouet claquent – pas plus de 12, stipule le Règlement. Ces forces de la nature semblent n'avancer que de quelques centimètres à chaque tentative. Les rires, les cris d'encouragement, les huées pour le concurrent, les couleurs vives des tenues vestimentaires, les bonnes odeurs de cuisine locale sur des tables aménagées pour l'occasion et bien calées dans ce terrain en pente, tout contribue à une atmosphère de fête extraordinaire. Nous nous prenons au jeu et nos mains souffrent bien vite de trop fervents applaudissements. Nous apprendrons qu'il s'agit d'une compétition qui se dispute sur plusieurs étapes durant l'année. Tout a débuté il y a bien longtemps, alors que la canne à sucre est transportée à l'usine; durant ce trajet, il est coutume de faire la course. Puis peu à peu les groupes d'amis se réunissent, la journée de labeur terminée, et c'est ainsi que naît la tradition. Se transmettant de père en fils, petit à petit l'épreuve se structure, avec un règlement et une équipe où les femmes revendiquent de plus en plus leur place. C'est ainsi que chaque année se déroule la compétition des bœufs tirant de Guadeloupe, occasion de valoriser la race des bœufs créoles.

En haut des falaises de plus de 10 mètres qui dominent la baie de Gosier, nous pouvons lire, gravé sur un mur d'enceinte, «Fort Fleur d'Épée». Ce fort édifié entre 1759 et 1763 à Grande-Terre porterait le nom d'un vaillant soldat. Lieu très paisible aujourd'hui, il a joué un rôle majeur durant la Guerre de Sept Ans

(1756-1763) qui opposa la France et l'Angleterre, et a été le témoin de nombreuses batailles, ces deux pays se rendant alternativement maîtres de l'île. Le Traité de Vienne scellera définitivement l'appartenance de la Guadeloupe à la France en 1815. Deux piliers massifs marquent l'entrée du site; les flamboyants offrent une ombre accueillante. La poudrière et la cuisine subsistent, et les longs couloirs abritent régulièrement des expositions d'art. Dans les souterrains datant du XIX<sup>e</sup> siècle, les parois détiennent une

grande page de l'Histoire de la Guadeloupe, de 1812 à 2002, en graffitis couvrant des panneaux aux dimensions parfois imposantes; des relevés archéologiques méritant des investigations plus poussées ont été entrepris. Des remparts, nous pouvons admirer la baie du Petit Cul-de-Sac Marin.

Ici s'achève notre exploration de Grande-Terre. Nous retrouverons son inséparable moitié, Basse-Terre, dans un tout prochain numéro de ce magazine. ■

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## ONU

UN SPECIAL – IN THE COURTS  
QUESTIONS & ANSWERS**KIRSTY GRIFFITHS, ITC**

I am very happy that *UN Special* has asked Mr. Marcus Joyce to update us all on the new UN Dispute Tribunal. I had a question that I would like to put forward to him for a possible article. Basically, we find ourselves with a dual system, the UNDT and the IL-OAT. Some UN organizations use one and some another. How fair is this for staff? Is one tribunal better than the other? Is it not fair to say that the UNDT is now going to be a better Tribunal since it is in many ways "updated". Will there be any consideration of precedence between each others cases?

E.g. the expectancy of renewal of contract was very interesting, especially the amount awarded. I think that what they awarded is more than the ILO has ever handed out in any one session since its creation!

Also, what would ever happen in a case where you have two similar cases but the two Tribunals come out with different Judgments based on the same law i.e. opposing interpretations. Can the staff member do anything? ■

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- Yannick Noah – 18 septembre – le concert est annulé, remboursement possible au kiosque jusqu'au 18 octobre. Yannick Noah reviendra à l'Arena le 28 mai 2011, les billets sont disponibles au kiosque!
- Jeff Mills – 10 septembre – D!Club Lausanne
- Suicide USA – 4 septembre – Docks Lausanne
- Bob Sinclar – 16 septembre – Mad Lausanne

## EXPOSITIONS

- Aggrandissement du MEG (musée d'ethnographie) – Boulevard Carl Vogt – jusqu'au 26 septembre
- Edward Hopper (peinture) – Fondation de l'Hermitage Lausanne – jusqu'au 17 octobre
- Post Tenebras Lux/ Artistes contemporains à Genève – 26 août- 27 septembre – Musée Rath

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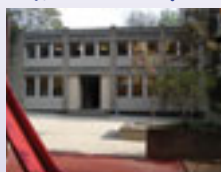
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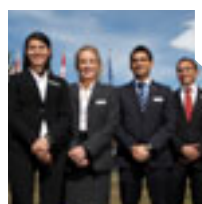
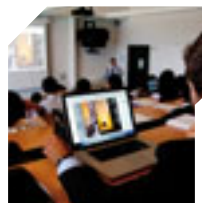
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VIETNAM

# LE RÉVEIL DU DRAGON



**6 h 30: après douze heures de vol, l'approche de Hô Chi Minh Ville (ex Saïgon) en avion est un enchantement. Les rizières qui s'étendent à l'infini miroitent sous le soleil. Nous survolons le grenier à riz du Vietnam.**

**TEXTE & PHOTOS: CLAUDE MAILLARD**

Le delta du Mékong qui couvre toute l'extrémité sud du pays (Cochinchine) ne représente que 12% de la surface totale du Vietnam mais assure chaque année une

grande partie de la production rizicole. La région, très luxuriante, est riche et prospère. Avec trois récoltes de riz annuelles, une bonne part de cette production part vers l'étranger et le pays occupe le deuxième

rang des exportateurs au monde, derrière la Thaïlande. 1600 kilomètres plus haut, le delta du fleuve Rouge arrose tout le nord (Tonkin). Mais là, on vit plus rudement. La région ne s'est pas entièrement remise des longs conflits qui l'ont secouée et l'économie s'en ressent. Moins de mécanisation, paysans au chapeau conique labourant avec leurs buffles, rythme lent et ancestral mais quel charme! Nous sommes pourtant tout près de Hanoï, la capitale du Vietnam peuplée par plus de 4 millions d'habitants. Mais la palme revient à Hô Chi Minh Ville qui abrite 8 millions d'âmes, dont la moitié roule en moto-cycllette. Et comme ici l'usage du klaxon est de rigueur, la visite de la ville se fait dans un vacarme pétaradant, sous un soleil de plomb, avec des bouffées d'air humide et surchauffé pas toujours facile à supporter.

Quant à la région de Da Nang, au centre du pays (Annam), le relief est beaucoup plus tourmenté avec ses hautes vallées et plateaux. Construite au bord de la rivière des Parfums, Hué, ancienne ville impériale de la dynastie des Nguyễn, peut être considérée comme le joyau du Vietnam.

Coincé entre le Laos et le Cambodge, ses voisins de l'ouest, et la mer de Chine méridionale à l'est, le Vietnam se distingue par une forme très particulière faisant penser à un dragon qui s'étire du golfe de Thaïlande au sud jusqu'à la frontière chinoise au nord. Dans sa plus petite largeur, près des villes de Vinh et de Hué, le Vietnam ne fait que 50 km de large.

## Bienvenue chez les Nguyễn

Trois Vietnamiens sur cinq s'appellent Nguyễn! La grande popularité de ce patronyme remonte aux temps où l'empereur autorisait les braves pionniers venus défricher les terres inhospitalières du sud à porter son nom. En 50 ans, la population du Vietnam a été multipliée par 3,5 pour atteindre de nos jours plus de 86 millions d'habitants, ce qui entraîne un gros problème de surpeuplement, notamment à Hanoï et à Hô Chi Minh

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Ville, où plus de 3000 habitants s'entassent au km<sup>2</sup>. Cela a déclenché une importante migration vers les montagnes du nord et du centre, créant des tensions avec les ethnies locales. Le Vietnam est un extraordinaire kaléidoscope d'ethnies. Les Kinh (ou Viêt) forment 85% de la population, mais le reste se décline en une cinquantaine de groupes ethnolinguistiques distincts. Les Chinois (Hoa) sont les plus nombreux et peuplent les villes aux côtés des Kinh. Les autres ethnies, comme les Muong et les Kmers travaillent dans les rizières, alors que les Cham, Thaïs, Tâi-Kadaï, H'mong, Dzao vivent en altitude, ce qui leur a valu leur surnom de «montagnards» lors de la colonisation. Ils cultivent, entre autres, le café, la banane, l'hévéa et le poivre dont le Vietnam est le premier producteur mondial. La pêche et l'élevage marin (notamment les huîtres perlières) sont les principales activités des régions côtières. Quant au sous-sol, il fournit or, argent, zinc, bauxite, étain et charbon, et de vastes nappes pétrolifères viennent d'être découvertes sous les eaux de la mer de Chine méridionale.

Meurtri par de longues années de conflits armés, le Vietnam relève maintenant la tête hors de l'eau et, depuis peu, il ne figure plus sur la liste des pays pauvres. La chute de l'Union soviétique et la fin de l'embargo américain en 1994 ont accéléré sa croissance qui est l'une des plus rapides au monde. En 2006, après de longues négociations avec les pays industrialisés, le Vietnam adhère à l'Organisation Mondiale du Commerce.

### L'oncle Hô

Sous un soleil de plomb, on faisait la queue le 19 mai 2010 devant le mausolée de Hô Chi Minh pour rendre hommage à celui qui déclara l'indépendance du Vietnam le 2 septembre 1945. On fêtait ce jour-là les 120 ans de sa naissance. Natif de la province de Nghê An, Nguyễn Sinh Cung, qui prendra par la suite le nom de Hô Chi Minh («Celui qui éclaire») grandit auprès d'un père nationaliste. Après des études faites à Hué, il s'embarque sur un paquebot français pour découvrir le monde. C'est à Paris qu'il pose ses valises en 1917, pratiquant divers métiers, développant ses idées politiques, et surtout, ébauchant le projet d'une Indochine indépendante. En 1922, il gagne Moscou, puis se réfugie à Canton où il est jeté en prison par un chef chinois anticomuniste. Après des années d'incarcération, il rentre dans son pays en 1941 où il fonde la Ligue d'indépendance du Vietnam et prépare le soulèvement contre la France et le Japon qui occupent l'Asie. Quatre années

plus tard naîtra la République démocratique du Vietnam. S'ensuivra la première guerre d'Indochine (1946-1954) provoquée par les Français qui voulaient reconquérir le Vietnam malgré des accords bilatéraux. Sous-estimant la ténacité et l'organisation du peuple vietnamien, les troupes françaises subiront d'importantes pertes humaines et matérielles et devront capituler. Le rideau tombera alors sur un siècle de colonialisme français en Indochine. Suivront les accords de Genève (1954) qui scinderont le Vietnam en deux. Les communistes de Hô Chi Minh occuperont le territoire au nord du 17<sup>e</sup> parallèle, tandis que le sud sera gouverné par le fervent anticomuniste Ngô Đình Diêm qui s'autoproclamera chef de l'Etat du Sud-Vietnam. La tension montera alors de part et d'autre du 17<sup>e</sup> parallèle, puis les Etats-Unis joindront leurs troupes à celles de l'armée sud-vietnamienne en 1964. Les hostilités s'amplifieront, mais, malgré sa puissance, l'armée américaine connaîtra l'échec. En 1969, le président Nixon décidera de démanteler sa coûteuse machine de guerre. La même année décèdera Hô Chi Minh, avant le retrait définitif des troupes américaines et l'accord de cessez-le-feu signé en 1973. Trois ans plus tard, on assistera à la réunification du Vietnam du nord et du sud en tant que République socialiste du Vietnam. ■



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# STAFF REPRESENTATIVES' CORNER

**By the time you read this, most of you will be back from a well-deserved summer break with fond memories of relaxing holidays well-spent with friends and family.**

**For the Coordinating Council, however, the last months have been busy ones. The Council, with a sense of team spirit and cooperation, has worked hard to represent you, as you elected us to do. What follows is an update of our work.**

**IAN RICHARDS, PRESIDENT UNOG STAFF COORDINATING COUNCIL**

## Extraordinary Staff Assembly

Convened at the start of July, the Council made use of this occasion to brief the over 200 staff who attended, on the outcome of June's Staff-Management Consultative Committee (SMCC), the global negotiations between management and staff at the UN. It informed the staff about:

- the new agreement reached on continuing appointments to replace permanent appointments, abolished by the General Assembly in 2008;
- a decision on temporary appointments which would ensure that a large number of temporary staff would not be spending the summer on a three-month break (more below);
- the decision by management to take on board staff concerns and move to volun-

tary and not compulsory mobility. We obtained that mobility would be tied to the issuing of continuing appointments;

- an agreement to standardize general-service staff entrance tests and profiles across the UN, enabling those who wish to change duty stations to do so;
- modifications to the e-pas system that would be trialed in OCHA;
- increases in compensation in case of work-related death or disability; and
- moves to instill a global health and safety, and disability rights policy in the Organization.

At the Assembly, additional polling officers and auditors were also elected. The extra polling officers will enable the Council to organize further elections for sectoral assemblies, several of whose mandates need to be renewed, and for the joint-staff management bodies.

## Temporary appointments

Many of you will be aware that a new regime came into force in July 2009, which significantly reduced the conditions of service for staff serving on temporary appointments. Leave was reduced from two and a half days to one and a half days, and a break-in-service of three months was introduced. These changes were agreed on at negotiations, which the 2008-2009 UNOG Staff Coordinating Council decided to boycott. The 400 temporary staff in Geneva were left out of the equation.

While the member States have said that they pushed for these regressive measures in order to prevent a shadow workforce, this Council has remained very concerned for staff who were already on board before the new rules came into place and who had come to expect a long-term relationship with the Organization, even on 11-month contracts.

It therefore obtained the agreement of New York management, with strong support from management colleagues in Geneva, that temporary staff who had been on board for a cumulative period of more than twelve months before their three-month break-in-service last summer could obtain a fixed-term appointment limited to two years during which they might be able to apply for the post on which they were sitting on.

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For many temporary staff, this therefore meant no three-month break-in-service this summer, saving non-European staff from the difficulties of having to leave Switzerland with their families, and the worry of not knowing whether they would be re-employed after their break.

However, despite this decision to provide transitional measures for staff already on board, the Council did have to spend time chasing up recalcitrant managers who were reluctant to request fixed-term appointments for their staff, possibly hoping that the three-month break would be a convenient cover for dismissing employees they didn't like.

### Unemployment insurance

The provision of an unemployment insurance featured in a number of manifestos at last March's elections and found its place in the Council's 2009-2010 work programme. And this for good reason. Staff who are dismissed from the Organization, or whose contracts are not renewed have no recourse to Swiss or any other form of social security. The financial impact can be devastating.

Over the summer, the Council has been working with GPAFI and Aon to find providers for an unemployment insurance that would suit the particular conditions of service and contractual modalities existing at the UN. We will keep you informed of the outcome.

### The new system of internal justice is one year old

In July 2009, a new system of internal justice came into being, featuring professional judges, an Office of Staff Legal Assistance and tribunals in Geneva, Nairobi and New York.

In the short space of a year it has established important jurisprudence on matters such as: not mixing candidates from the 15- and 30-day lists; on the conditions where staff can expect a fixed-term appointment to be renewed (continuation of post and satisfactory performance); the right of staff to be consulted on matters affecting them; the requirement to provide reasons for all administrative decisions or non-decisions; and the right of short-listed candidates who are not selected to be notified.

The new system of justice has also established its independence. Many of you will have read articles in the Washington Post and the New York Times on demands by the tribunals' judges for senior management to turn over documents or appear in court. It has also been efficient. Many cases are now resolved in months, not years like before.

However, staff feel that more should be done to improve the system. There needs to be more consistency between the different courtrooms. Geneva is run on an administrative law basis, whereas New York is run on common law, the latter of which is seen as more beneficial to the staff making a complaint. Staff do not benefit from

as many lawyers as management – seven against thirty. Staff also feel that judges should have the right to order management to pay a staff member's legal costs and to be able to instruct management to reinstate wrongly-dismissed colleagues.

This year, the General Assembly will review the performance of the internal system of justice. We will make sure to put these points across.

### Lunch seminars

The Council has started a new series of lunch-time seminars on issues of interest to staff. The first, on careers at UNDP, took place earlier in the summer and focused on the large number of field opportunities for staff in different occupational groups. These seminars were started by the UNCTAD Sectoral Assembly. Given their interest to all staff at UNOG, this was continued by the Coordinating Council. If you have suggestions for future topics, please contact us. ■

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POURQUOI NE PAS LE FAIRE?

# LES CINQUE TERRE – PATRIMOINE INTERNATIONAL DE L'HUMANITE



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## TEXTE ET PHOTOS ANDRÉ ROTACH

Le territoire des Cinque Terre, entre ciel et mer, comprend une bande de 15 kilomètres de longueur et de 3 kilomètres de largeur environ qui va de Punta Mesco à Punta Montenero. Les Cinque Terre sont cinq villages accrochés à la montagne. Ce territoire exceptionnel classé par l'UNESCO, patrimoine international de l'humanité en 1997 est aussi un parc national et une zone marine protégée. Cette dernière s'étend

entre la Ligurie, la Corse et un bout de la Côte d'Azur. Les meilleurs mois pour visiter ce petit paradis sont avril et octobre. On peut visiter les cinq villages en train, en bus ou en bateau. L'abonnement de train et bus de un ou plusieurs jours reste le moyen de transport le plus pratique utilisable à volonté entre la Spezia et Levanto.

## 3/3 – En VTT La crête depuis Levanto

De Levanto monter par la route en passant

par Legnaro, Chiesanuova et Madonna di Soviore. Arrivée à une grande plateforme, après 10 kilomètres de montée, la route principale continue tout droit, une route part sur la droite pour desservir les Cinque Terre et entre les deux prendre un chemin en terre qui monte à Malpertuso et qui suit la crête. De là vous pouvez aller jusqu'à Porto Venere et revenir en bateau ou faire un bout de la crête et revenir par le même chemin. Très belles vues sous un autre angle sur les Cinque Terre.

Pour plus de détails: Cartoguide – Edition française – Golfe du Tigullio et Cinque Terre.

**Indispensable:** une carte des Cinque Terre.

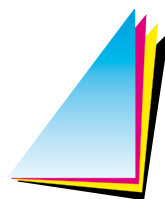
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WHY NOT DO IT?

# CINQUE TERRE – WORLD HERITAGE SITE



**I am proposing two hikes on foot and one by mountain bike to get out, relax and lighten up a bit. Remember, doing nothing affects your health. Here's to sunny days walking and relaxing outdoors.**

**ANDRÉ ROTACH**

(English translation by David Winch)

The area of Cinque Terre, Italy, stretching between sky and sea, is a 15-kilometre long and 3 km wide strip from Punta Mesco to Punta Montenero. Cinque Terre is made up of five villages huddled along a mountain-side. The area was named a UNESCO world heritage site in 1997. It is also a national park and a protected marine environment. The area stretches from Liguria to Corsica and the edge of the Côte d'Azur. The best months to visit this little paradise are April

and October. You can visit the five villages by train, bus or boat. Train or bus packages for one or several days remain the best option, and can be used throughout the region from Spezia to Levanto.

### **3/3 –On mountain bike along the ridge from Levanto**

Starting at Levanto, you roll upwards on this route past Legnaro, Chiesanuova and Madonna di Soviore. Once you reach a plateau, after going up for 10 kilometres, the main road is straight ahead. A route on the right goes to Cinque Terre and in the

centre you find a dirt road to Malpertuso which follows the ridge. From there, go to Porto Venere and return by boat or continue on the ridge and return by the same path. Very nice views from a special angle of the Cinque Terre.

For details:

Cartoguide – Edition française – Golfe du Tigullio et Cinque Terre.

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

**GOOD TREKKING! ■**







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# JOYEUX ANNIVERSAIRE! MADAME NICOLETTE FRANCK



de gauche à droite: Madame Nicolette Franck, Messieurs John Zarocostas, Pierre Le Loarer et Guy Mettan.

**TEXTE: PIERRE LE LOARER, ONU**

**CRÉDIT PHOTO: I. GANEA.**

Vendredi, 23 juillet dernier, à l'entrée du Musée de la Société des Nations au premier étage de la Bibliothèque, s'est tenue une petite fête inhabituelle à la fois émouvante et amicale.

Sur une idée de son ami, Monsieur Ion Ganea Arges, journaliste indépendant retraité et lecteur assidu de la Bibliothèque, et à l'invitation du Bibliothécaire-en-chef et du personnel de la Bibliothèque de l'ONUG, quelques amis et journalistes, ainsi que membres de sa famille, se sont retrouvés autour de Madame Nicolette Franck, journaliste retraitée de *La Libre Belgique*, auteur de plusieurs ouvrages sur la Roumanie, pour fêter son 90<sup>e</sup> anniversaire.

Celle-ci a pu visiter le Musée de la Société des Nations, récemment rénové. Monsieur John Zarocostas, Président de l'ACANU, et Monsieur Guy Mettan, Président du Grand Conseil et Président du Club de la presse,

ont souhaité un joyeux anniversaire à leur aînée, rappelé quelques moments de cette période des débuts de l'Office européen des Nations Unies, devenu en 1966 l'Office des Nations Unies à Genève.

Pierre Le Loarer a rappelé l'importance d'une presse libre pour la démocratie et combien les bibliothèques ont leur place pour la diffuser. ■

## UN Special

### UN Special

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