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Health for All at 75

This year, the World Health Organization (WHO) marks its 75th anniversary, along with its 194 Member States and other partners. Over the past seven and a half decades, there is no question that there has been extraordinary progress in protecting people from diseases and destruction, and the history of WHO demonstrates what is possible when nations come together for a common purpose. It is therefore not a surprise that the celebrations are calling for a renewed drive for health equity.

This month, we bring you several articles that will give you a sense where we are with achieving health for all, with contributions from various authors, various organizations and partners involved in health.

It is hard to believe that it is already May. We bring you some other reading in this issue, which you may already enjoy while sitting outside somewhere on the bench or the shores of the lake.

Please enjoy this issue and stay healthy. ■

Santé pour tous à 75 ans

Cette année, l'Organisation Mondiale de la Santé (OMS) célèbre son 75^e anniversaire, avec ses 194 Etats Membres et d'autres partenaires. Au cours des sept dernières décennies et demie, il ne fait aucun doute que des progrès extraordinaires ont été accomplis dans le domaine de la protection des personnes contre les maladies et ce qu'elle génère. L'histoire de l'OMS montre ce qui est possible lorsque les nations s'unissent dans un but commun. Il n'est donc pas surprenant que les célébrations appellent à un regain d'efforts en matière d'équité en santé.

Ce mois-ci, nous vous proposons plusieurs articles qui vous donneront une idée de l'état d'avancement de la réalisation de l'objectif «la santé pour tous», comprenant des contributions de divers auteurs, de diverses organisations et de plusieurs partenaires impliqués dans la santé.

C'est difficile à croire, mais nous sommes déjà en mai. Nous vous proposons d'autres lectures dans ce numéro, que vous apprécierez peut-être à l'extérieur, assis quelque part sur un banc à ou sur les rives du lac.

Nous vous souhaitons à la fois une bonne lecture et de rester en bonne santé. ■

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THE NEW iX1

Emil Frey SA
1211 Genève 26
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The time has come for world's countries to move from *regulations* to *obligations* on pandemic prevention, preparedness and response

An interview with H.E. Mr. Tovar Da Silva Nunes, Ambassador and Permanent Representative of Brazil in Geneva.



H.E. Ambassador
Tovar Da Silva Nunes

MARKO STANOVIC, UNCTAD

H.E. Ambassador Tovar Da Silva Nunes kindly accorded me the unique opportunity of an interview to debate some of the far-ranging priorities topping the diplomatic agenda at the moment, from health issues to conflict in the world and climate change. The following is a verbatim transcript of our conversation.

WHO Intergovernmental Negotiating Body tasked with drafting and negotiating a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response, which started on 3 April (INB5) currently mentions in its text that the response of the international community to the Covid-19 pandemic was a “catastrophic failure.” What is your response to this?

Covid-19 was a catastrophe, the entire world failed in its response. WHO did what was possible according to the existing health obligations, but indeed, the multilateral health system was not ready for this. The INB5 instrument has to address the tall order of preparing a coordinated and fairer global response in the eventuality of future pandemics.

We currently have international health regulations in force, but what we now need are “obligations” on the part of WHO Member States. The present framework does not provide for equitable access to medical countermeasures, such as biologics, medications or devices that can be used in the event of a public health emergency. The present WHO framework is centered on core capacities, but is less conducive to reducing inequalities across countries in access to medicines, as well as research and supplies, for example.

During the pandemic, in many countries, there was a lack of personal protective equipment, such as masks and gloves, respirators and hospital beds, and later on vaccines, especially in developing countries. What can the world do to prepare better for the future?

The “prevention” aspect starts with the social determinants of health, such as quality of water and air, adequate housing and living conditions, nutrition and sewage treatment. The ability to mount adequate medical countermeasures depends on the level of development, with some countries having access to pathogens

and their genomic sequencing, while others do not. Ideally, many developers would be allowed to use the biological information and genomic sequencing to develop or to be associated with the R&D cooperation effort – i.e., pathogen access and benefit sharing. Right now, this does not exist at the international level. Developers are looking for new pathogens and insist on having access, but not everybody is involved in the development of solutions. We should encourage more immediate sharing of information and also sharing in the benefits.

INB5 should address this lack of equity by having parties take on some obligations on pathogen access and benefits sharing, as well as financing. Additional funds are needed to build laboratories and research centers that can work on possible future pandemics. The issues of intellectual property also need to be addressed to enable more actors to develop new solutions. For example, some Covid-19 vaccines need very special conditions, such as low temperatures to be transported, and this was difficult in tropical countries, such as Brazil. Also, we need



Meeting at the Brazilian Permanent Mission to the United Nations in Geneva at Chemin Camille-Vidart.

to share information on clinical trials, so we can learn more about the potential side effects of vaccines.

Commercial interests should be subordinated to the more important goal of saving lives. For example, there are still some rare and *neglected* diseases mainly in developing countries, such as Chagas, Leishmaniasis, Schistosomiasis, Dengue, and Zika, for which drugs have not been developed simply because it was not profitable for the pharmaceutical industry to do so. So, we need to include pharmaceutical companies and developers in the discussion, and we need to find a way to guide the process, so it can still be profitable for them, but also allow the wider society to benefit.

The Covid-19 crisis had barely passed when the Ukraine War emerged as a new global concern. What is your opinion on the current situation in this respect, and more importantly, what could be the solution?

In Ukraine, we need an immediate ceasefire, we need to stop the aggression, and we need to put an end to the suffering of people. In order to stop these things, we need to channel our diplomatic energy, and sadly, we have not seen this happen fully yet. We have seen an increasing amount of polarization and an attempt to “corner” one of the parties, but this is obviously not good diplomacy. We have to allow greater room for compromise and understanding, even in the face of latent aggression and potential violations of international law.

Tragically, in both rhetoric and action, we are seeing an increasing militarization of the conflict, the polarization of discourse, and inaction by the United Nations Security Council in New York. When the multilateral process “fails” in general, not only do you fail to achieve peace, but you have far-reaching and increasing dimensions, such as health concerns in Ukraine, but also displaced people from earthquakes in Syria and Turkey and now a new Cholera outbreak in Haiti, creating among other things, more refugees and displaced people.

Right now, we are not giving enough space for a ceasefire to emerge, and this is something that Brazil would like to help facilitate urgently, together with other partners and friends, such

as those in BRICS. For example, countries such as South Africa and India, like Brazil, are aiming to avoid an escalation of this conflict, recognizing that there is a problem, but allowing some space for dialogue. We need to stop thinking that a unilateral course of action, such as sanctions, could ever replace diplomacy. Sanctions disproportionately impact innocent people. For example, sanctions prevented Syria from buying much-needed medicines, even during the Covid-19 pandemic. Unilateral measures only aggravate the situation.

The present situation is further complicated by the failure of the United Nations Security Council to take meaningful action. Brazil has always maintained that the Security Council should be reformed, as it is currently outdated and not able to solve many of the issues it is tasked with. And yet, as far as I am aware, the idea of a ceasefire has not even been considered in New York.

You mention human rights as the basis of international peace. What is the position of Brazil on human rights issues?

We need to go against violations of human rights wherever they occur, allowing countries to improve their record on human rights. The main objective of the UN Human Rights Council should not be to promote accusations, almost like a trial, but to identify different problems, make them visible, and allow those involved to voice their

H.E. Mr. Tovar Da Silva Nunes

Mr. da Silva Nunes has been Brazil's Ambassador and Permanent Representative to the United Nations Office at Geneva since September 2021. Previously, he had been serving as Brazil's Ambassador to Russia and Uzbekistan since 2018, Bhutan from 2015 to 2018, and has been posted in Geneva (1988), Quito (1991), London (1997), and Berlin (2006-2011).

Mr. da Silva Nunes was admitted to the Diplomatic Academy of the Ministry of Foreign Affairs in 1983 and joined the Brazilian Foreign Service upon completion of his training. Positions he has held during his career include being Chief of Staff at the Office of the Minister of Foreign Affairs of Brazil in 2013; Special Advisor and Spokesman at the Office of the Minister of Foreign Affairs in 2011; and Chief of Staff at the Office of the Minister of Development, Industry and Trade in 2001.

Mr. da Silva Nunes has a degree in law from the University of São Paulo (1982), and a Master's degree in international political economics from the London School of Economics and Political Science in the United Kingdom.

In addition to academic studies in the United States and in France (ENA), he passed the Course of Higher Studies at the Brazilian Diplomatic Academy (2004). He was born on 6 February 1959 in Birigui, São Paulo, Brazil, and is married with two children.

grievances. We should have transparency and inclusion, rather than finger-pointing, allowing less politicization and less polarization. Brazil finds it wrong to use human rights to constrain others, rather than our preferred approach of building confidence and promoting positive changes.

Underlying human rights is the concept of “social justice.” We need to have social justice in the world if we are going to gain respect for human rights. This is the focus of the ILO Director General’s Global Coalition for Social Justice project, which assumes that you need to go beyond labor issues to include human rights, health and sustainability in order to create social justice (albeit without necessarily defining this concept). For example, SDG5 Gender Equality and SDG3 Good Health and Wellbeing both give dignity to human beings. The idea is to

allow inclusion for disadvantaged groups, and to raise social justice issues to the same level of importance as *climate change*. Brazil is ready to lead this coalition.

Brazil has a rich legacy of diplomacy. Can you tell us more about this?

“We must not judge the facts of a remote past with the criteria we use today”¹. These were the words spoken by the *father* of Brazilian diplomacy – Barão do Rio Branco (his full name was actually José Maria da Silva Paranhos Júnior), in a speech given on May 25, 1909, at the Itamaraty Palace, in Rio de Janeiro. His words remain as true today, as they were back then.

In the late 1800s, he succeeded in peacefully negotiating the borders of Brazil with our South American neighbors, including some more sensitive areas in the border regions with Argentina. For example, the capital of the

northern Amazonian state of Acre (negotiated with Bolivia and Peru) is named after him as *Rio Branco*. Also, the Brazilian diplomatic academy is called “Rio Branco”, as well as many streets in Brazil.

Brazil has for a long time been active in multilateral diplomacy. For example, the Kingdom of Brazil was attached to the Portuguese Royal House, and in 1865 in Paris, we were a founding member of the first international organization – the International Telegraph Union – presently, the International Telecommunication Union (ITU).

Since 1988, we have had a constitution that sets out specific targets for foreign policy, human rights and sustainability issues. This is a recipe for stability; however, our emphasis may shift with a change in government. For example, the issue of indigenous people as addressed in the ILO 169 convention suffering from

malnutrition and lack of health assistance, there is now an emphasis from the Government of Brazil to give this total priority. The other issue is racial discrimination – 52% of the Brazilian population is Afro-descendants, a majority that is treated by some as a minority. The fight against racial discrimination is our priority, as well as decent living, which includes basic levels of economics, health, education, sport and entertainment for all our citizens.

Have the priorities regarding climate change now moved since the entry into office of the new government?

We have not changed our priorities, what we have now is the reinforcement of our climate priorities. As you know, we were an initiator and the host of the groundbreaking 1992 United Nations Conference on Environment and Development (UNCED) in Rio de Janeiro, and have one of

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Third meeting of the Intergovernmental Negotiating Body, 5-7 December 2022.

the oldest clean energy programs in the world. Back in the 1970s, in response to oil price increases, we created an ethanol program for our cars. Every car in Brazil today can run hybrid on gas or ethanol alcohol. Reducing emissions of carbon dioxide (CO₂) has always been our concern. We are not a big emitter of CO₂ even in absolute terms, much less on a per capita basis, in relative terms. However, the entire world counts on us to capture CO₂ with our rainforests. It is true that when you deforest and burn or use the wood, this does not help climate change. The objective now is to stop illegal deforestation, while adopting managed foresting principles. It is still possible to raise cattle and retain forests in open spaces. However, it is costly to restore biodiversity of destroyed forest that has been illegally deforested. One has to replace indigenous species and develop seedlings, some of which require specific procedures. For example, the Brazilian savanna plant *Mimosa caesalpinhiifolia* is difficult to germinate, as it is spread by ingestion and expulsion by a specific kind of rodent.

A Brazilian, Mr. Rubens Ricupero was UNCTAD's fifth Secretary-General from 1995 to 2004.

You mentioned that you knew him personally?

I worked from 1988 to 1991 with Rubens Ricupero, who was the Head of Brazilian Mission in Geneva. In those days, we had one representative covering both trade and all other issues. Previously, Ambassador Ricupero has been an advisor to the President, as he always had an acute sense of where things stood, as well as a deep knowledge of the history of diplomacy and political science. He made a great contribution to the General Agreement on Tariffs and Trade (GATT), tariffs and trade and harmonization issues, recognizing the need to broker deals and build relations. Rubens Ricupero was an advocate of incorporating new issues into old ones, and I praise him for being able to navigate those ambitious waters on trade negotiations with ease. Ambassador Ricupero knew how to use diplomacy to create an environment beneficial for developing countries, and he was realistic with strong inner Christian values of charity and solidarity, with a strong belief in human beings as non-predatory political actors. He was a firm representative of the rights of developing countries and was very respected by developed and developing nations alike. Rubens

Ricupero was my professor in the history of diplomacy during the two years of Brazilian diplomatic school, and is still very active to this day, writing different articles and publications.

We again have a Secretary-General from Latin America, Ms. Rebeca Grynspan from Costa Rica. She is also the first woman to lead UNCTAD. Have you both had a chance to meet yet?

I am very happy to see, first another Latin American, and second, a lady – Rebeca Grynspan. She unites a strong willingness to do, as well as an ability to bring to bear arguments that are difficult to refute – she is very strong in debates and discussion. Frankly, I admire her, as both of us are “international gender champions,” concerned on a daily basis with empowerment of women, in both personal and professional lives. Rebeca Grynspan is not concerned about herself, but more interested in enabling an increasing number of women to be empowered and to have a voice, especially in areas traditionally considered to be “men’s” domain, such as economics, trade and investment. I think she is unique, and I am very happy to finally see more women in positions of power. Another one

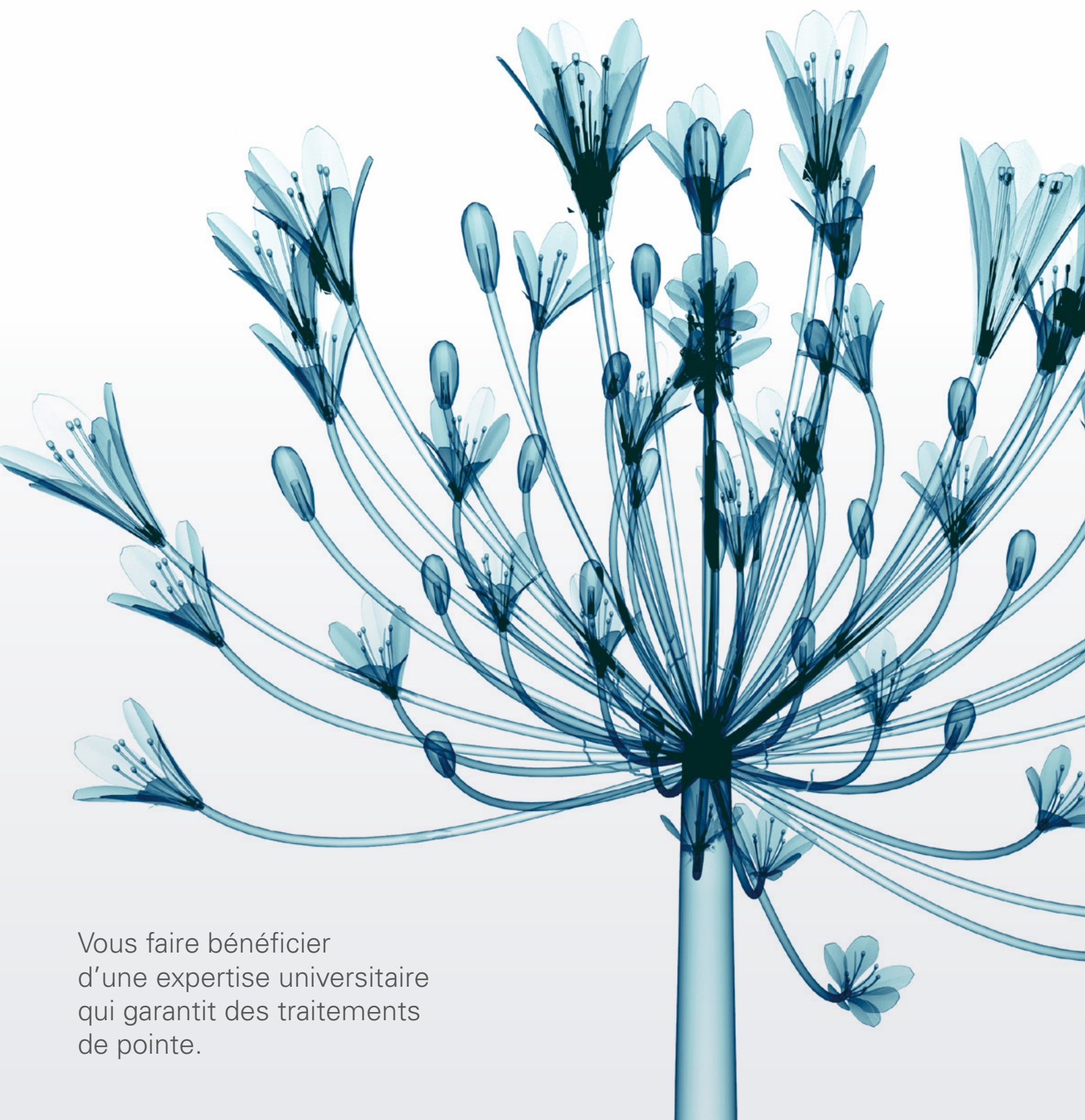
is the Head of the World Trade Organization (WTO), Ms. Ngozi Okonjo-Iweala.

Do you have any concluding observations to make, in summary?

How do we see Geneva still being able to bring people together in a way that goes beyond narrow self-interest to make a difference in the world? We have discussed health issues and the global social justice coalition, and we have the 2030 agenda, ‘Our Common Future’, related to sustainability to allow future generations to enjoy life. Sometimes, it is difficult to see how we can make a difference and step outside our own sovereign areas of interest. But I think it is vitally important for people to come together and discuss things, creating a conducive environment by listening, rather than imposing our own ideas. We need to come together, not as diplomats or ambassadors, but as human beings. ■

1 José Maria da Silva Paranhos Júnior (Baron of Rio Branco), Note: Excerpt from a speech given on May 25, 1909, at the Itamaraty Palace, in Rio de Janeiro. <https://www.pensador.com/autor/jose-maria-da-silva-paranhos-junior-barao-do-rio-branco/#:~:text=Encontrado%201%20pensamentos%20de%20Jos%C3%A9%20Maria%20da%20Silva,1909%2C%20no%20Pal%C3%A1cio%20Itamaraty%2C%20no%20Rio%20de%20Janeiro.>

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Youth leading for health

As WHO is celebrating its 75th anniversary, this is the perfect time to discover all of the aspects of WHO. I thought that I would tell you a little bit about how younger generations are having a say in the world of WHO.



Delegates at the Global Model WHO.

LISANNE HOPKIN,
NEWSPECIAL EDITORIAL ASSISTANT¹

More than half of the world's population is under 35 years old, and yet young people often have little say in public policy decisions that affect them.

We know what we want for our futures, we'll fight for justice and the improvement of our planet. We may be young and less experienced, but our voices matter just as much as those from older generations.

The World Health Organization recognizes that young people have a critical role to play in the unprecedented challenges that the world is facing today, and is committed to engaging and partnering with young people everywhere. As WHO so eloquently puts it: 'young people's ideas, skills and contributions

continue to enrich institutions and processes, their engagement is central to the success of policies and programs aimed at improving young people's health and wellbeing'.² The World Health Organization is very keen to support and engage the younger generations, as 'we need the ideas, the energy and the leadership of young people to build a healthier, safer and fairer future'.³

As WHO celebrates its 75th Anniversary, one key point that has been built up for decades is the momentum around youth. This is illustrated by two key youth initiatives that have been launched this year: the WHO Youth Council and the first Global Model WHO. WHO also supports the Youth Delegate Program which provides a space for young people to participate in decision-making through attending meetings, such as the

World Health Assembly. In addition, with the support of WHO, the Global Youth Mobilization final impact report "Unstoppable Together: Celebrating 2 Years of Youth-led Global Action" was launched to highlight the reach and impact of the Big Six partnership and investment in youth-led solutions over the last two years.

The WHO Youth Council is a network 'that includes youth representatives of health and non-health organizations and movements'. It serves 'as a platform for designing and incubating new initiatives and for expanding existing youth engagement initiatives of WHO'.⁴ It's about taking more steps towards achieving part of WHO's goal of health for all. The Youth Council also gets to interact with WHO Director-General, Dr. Tedros Adhanom Ghebreyesus, as well as other senior WHO leaders.⁵

It is clear that young people are being listened to, as the WHO Youth Council has just had its inaugural meeting hosted by WHO. From January 27th to January 30th, 'representatives from 22 diverse youth organizations from health and non-health backgrounds' came together to discuss ways to accelerate progress on 'universal health coverage, noncommunicable diseases, mental health and youth leading for health'.⁶ There were several outcomes from the meeting, all of which will be vital to helping and supporting WHO in its progress for health for all, but also helpful for the young people of today who want to see the world be a better place, and believe that they can achieve that.

The Global Model WHO is organized by the World Federation of United Nations Associations



Youth delegates representing countries at the Global Model WHO.

(WFUNA) in collaboration with the World Health Organization (WHO), and provides authentic student-led simulations of the World Health Assembly to high school and university students from all over the world and from different academic disciplines.

From 10th to 19th February, over 200 students from over 40 countries participated in the first ever Global Model WHO. In addition, 29 student volunteers from over 18 countries supported the conference by representing the WHO secretariat and providing guidance to the youth delegates.

The youth delegates were introduced to a world that would be similar to the one that leaders around the world would experience by accurately simulating the flow of debate on various World Health Assembly agenda items and how decisions are taken on them.⁷ Through these simulations, the delegates learned

more about global issues and the importance of multilateralism. In addition, they also developed leadership and diplomatic skills, particularly those that are important to reaching consensus, and a range of interpersonal and academic skills, including negotiating, debating, public speaking, and conducting research on health issues that people face worldwide.

During the 10-day event, eight Committee A sessions were organized covering seven health topics:

- Universal Health Coverage: Reorienting health systems to primary health care (Committee A1 and Committee A7)
- Strengthening Infodemic Management
- Public health emergencies: preparedness and response
- WHO global action plan on promoting the health of refugees and migrants, 2019–2023
- Substandard and falsified

medical products

- The highest attainable standard of health for persons with disabilities
- Global agenda on health, environment and climate change

Key outcomes of the simulations are the eight resolutions negotiated by the delegates, where they displayed their commitment, common sense and passion to work on solutions to global health challenges. Resolutions drafted and adopted during the conference can be viewed here.⁸

There were many ‘side events’ that took place over the ten days of the Global Model WHO. WFUNA and WHO provided opportunities to the younger generations to learn about several global health topics, such as ‘adolescent sexual reproductive health, antimicrobial resistance, behavioral science, inclusion and disability’ and many more. There were also ‘several skill building

workshops’, and sessions on ‘public speaking, what it’s like to work at the United Nations, and success in the workplace’.⁹ Furthermore, there was also a session focused on WHO’s 75th anniversary, which provided a look at all the successes and achievements in the past, as well as what the future of health may look like. All in all, lots of exciting content that could really be beneficial to young people.

It’s very encouraging to see the ways in which WHO and other UN organizations are taking steps to help shape the futures of the younger generations. We are being guided and supported in so many incredible ways, and it’s reassuring to see that our futures and our voices are being heard and taken into consideration.

Here’s to shaping and supporting many more futures for many more generations to come. ■

1 Article written in collaboration with Dorine van Der Wal and Iris Blom, WHO

2 WHO. “WHO Youth Engagement.” World Health Organization, World Health Organization.

3 Ibid.

4 WHO. “WHO Youth Council.” World Health Organization, World Health Organization.

5 WHO. “WHO Holds an Inaugural Meeting of the New Youth Council.” World Health Organization, World Health Organization, 30 Jan. 2023.

6 Ibid.

7 <https://wfuna.org/www.wfuna.org/wimun/global-model-who/simulations>

8 Global Model WHO: Promoting Greater Understanding of WHO’s Work in Public Health.” World Health Organization, World Health Organization, 23 Feb. 2023.

9 Global Model WHO: Promoting Greater Understanding of WHO’s Work in Public Health.” World Health Organization, World Health Organization, 23 Feb. 2023.

If you want to find out more about the WHO Youth Engagement, Youth Council or Global Model WHO, you can do so by visiting WHO Youth Engagement: www.who.int/initiatives/who-youth-engagement



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Human Rights

Realities and illusions

The 75th anniversary of the Universal Declaration of Human Rights, commemorated this year, finds the world in a searing clash between realities and illusions. It is a time that calls for sober reflection and assessment.



BERTRAND RAMCHARAN¹

First, the realities: the state of economic, social and cultural rights is dire for the great majority of people in the developing world, in the aftermath of Covid-19, climate change, global warming, environmental destruction, rising oceans, and a growing number of undemocratic governments. Implementation of the SDGs has stalled.

The state of civil and political rights is similarly dire, with widespread extra-judicial executions, torture, enforced and voluntary disappearances, violence against women and children, denials of freedom of expression, religious persecution, human trafficking, and a long list of other shocking gross violations of human rights – all of them being documented, year after year, by fact-finders of the UN Human Rights Council.

War is raging in Ukraine – where the UN still has no peace initiative in sight, conflicts wreak havoc in several African countries, and justice has taken flight in places like Myanmar, Nicaragua, and Venezuela. Humanitarian agencies have documented over a hundred million refugees

and displaced persons. Persons seeking refuge are dying – in the full sight of the world – on the roads and seas as they take flight. Conscience has also taken flight.

While the UN ostensibly celebrates the 75th anniversary of the Universal Declaration, its very universality is under challenge by powerful countries. We are in the presence here of both reality and illusion. The reality is that China and Russia, among others, including the former Trump Administration in the USA, have openly challenged the existence of universal human rights norms. The illusion is that the powers that be in the United Nations – Governments as well as officials – profess their own versions of the ‘truth’. How many versions of the truth can there be?

The Universal Periodic Review operated by the Human Rights Council does allow the United Nations to engage in a dialogue with Governments on the state of human rights inside their countries with a view to strengthening national human rights protection systems inside countries. Without a doubt, positive gains are being made here, as the UN provides technical assistance to Governments at their request.

But the reality remains, at the end of the day, that the Human Rights Council operates a bargain with the devil: its mantra is to engage in dialogue and cooperation, not

‘confrontation’. Confrontation is the term applied to the candid discussion of violations of human rights taking place inside numerous countries. There is both reality and illusion here.

Another reality is that powerful countries are making a determined push to weaken and control the human rights treaty bodies and the UN fact-finders: the special procedures. They are also being pushed to engage in dialogue and cooperation, not ‘confrontation’. What does it say about a human rights system that is grounded in averred silence about gross violations of human rights. The one exception to this frowning on ‘confrontation’ has been the Commissions of Inquiry established by the Human Rights Council, especially those established to address conflict situations.

A victims-oriented approach to human rights would necessitate calling attention to the plight of people in distress and denouncing the violators. Justice demands this. UN High Commissioners for Human Rights have sought to do so – to a certain extent. They have to walk on the tightrope of conscience.

When it comes to the future, illusionists take centre-stage: Governmental illusionists in the Human Rights Council who say, ‘we are cooperating’, while people are being killed, tortured,

incarcerated. Illusionists who glamourise the right to peace, to development, to a safe environment, and the rights of future generations, while the present generation is being savagely butchered.

Illusionists who offer ‘strategies’ far removed from the practical, concrete implementation of the Universal Declaration and the International Covenants – which together make up the International Bill of Rights. Illusionists who offer high-sounding visions and agendas far removed from the plight of the victims.

Working for human rights is about justice for the victims, the prevention of violations, and the building up of effective national protection systems. This requires tangible actions, not flowery words. We must mean what we say. ■

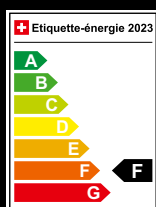
¹ The author performed the functions of UN High Commissioner for Human Rights in 2003-2004. He joined the UN Secretariat fifty years ago, in 1973, and served in the human rights department, the political department, the Office of the Secretary-General – where he was Chief Speech-writer, and in peacemaking, peacekeeping, peacebuilding and humanitarian operations for nearly four years as Director of the International Conference on the Former Yugoslavia.



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La santé publique sous les projecteurs

Entretien avec le Dr. Claude-François Robert, médecin cantonal de Neuchâtel.



© Mickael Feissli

Dr. Claude-François Robert

**GABRIEL REAL DE AZUA
ET LORRIS GERMANN, UNIGE**

Il y a près de 15 ans, en 2007, le Dr. Claude-François Robert était nommé, à l'âge de 48 ans, au poste de médecin cantonal du Canton de Neuchâtel.

Auteur de nombreux articles dans des revues médicales spécialisées, engagé dans des projets de développement en santé communautaire sur le continent africain, le Dr. Robert fut également l'un des premiers diplômés de la Maîtrise universitaire d'études avancées (MAS) en Santé publique proposée par l'Université de Genève, formation qui fêta en 2020 ses 30 ans d'existence¹.

À l'aube de sa retraite, qu'il prendra en juin 2023, nous avons eu

l'opportunité de nous entretenir avec lui sur les enjeux actuels et futurs de la santé publique.

Quelles sont les principales évolutions dans le domaine de la santé publique que vous avez pu observer ces vingt dernières années? Les enjeux demeurent-ils fondamentalement les mêmes?

Nous avons vécu une période de forte transition. D'abord, un essor de la santé publique en Suisse, avec la volonté de développer des politiques de santé au niveau cantonal. Au départ, les cantons se préoccupaient surtout de politique hospitalière et de réduction des coûts des soins. Nous avons réussi à porter à l'agenda des décideurs les questions et enjeux de prévention et promotion de la santé,

par exemple en professionnalisant la commission latine pour la prévention et la promotion de la santé (CPPS). Nous avons aussi soutenu une approche par priorités de santé. A Genève, la santé psychique a été reconnue comme priorité au milieu des années 90 puis portée au niveau national. Plus personne ne discute l'impact d'une bonne santé psychique sur la population, c'était un leitmotiv dans la crise du Covid.

La mondialisation a profondément modifié les enjeux avec la migration, mais aussi la circulation de maladies. Je ne m'attendais pas à organiser un état-major Ebola en 2015 à Neuchâtel ni à revoir des procédures sur la diphtérie en 2022 dans un centre pour requérants d'asile.

L'autre défi est le changement structurel de notre population: il a des effets sur la demande en soins, comme la charge des maladies chroniques, mais aussi sur l'offre de soins avec une pénurie médicale, liée à la féminisation de la profession et au passage en retraite de toute une génération.

La pandémie COVID-19 a porté la santé publique au-devant de la scène médiatique et auprès du très grand public: cette médiatisation a-t-elle changé le domaine de la santé publique et l'exercice de l'activité de celles et ceux qui en sont garant-es?

L'agent-e de santé publique doit occuper le terrain, sinon la place sera prise par d'autres. Ceci implique que la réflexion sur la communication de l'action est permanente. Cela fait partie du job. Mon constat est que cette méthode améliore aussi la qualité de l'action dès sa conception, comme le dit Boileau «Ce qui se conçoit bien s'énonce clairement...».

Les maladies non transmissibles (telles que diabète, cancers, maladies cardiovasculaires, etc.) génèrent moins d'attention ces derniers temps, mais ne sont pas pour autant moins présentes dans nos sociétés. Les autorités doivent-elles changer d'approche afin de mieux sensibiliser le public sur ces maladies? Comment faire en sorte pour que chacun et chacune prennent

conscience des enjeux de santé publique qu'elles soulèvent?

Il faudra à moyen terme changer de modèle, envisager un continuum entre prévention, dépistage et soins. La coordination des soins est essentielle avec une meilleure utilisation des ressources, comme le renforcement des tâches infirmières spécialisées. À cela s'ajoute le renforcement de l'éducation thérapeutique du patient.

Le soutien de la communauté, notamment avec des groupes de proches, me semble essentiel. Mais, n'oublions pas que ces groupes existent aussi sur le web, sans limites de frontières. Ils favorisent non seulement le soutien dans des passages difficiles, mais aussi l'échange de savoirs sur les effets indésirables des thérapies, les traitements novateurs et les qualités des soignants. En permettant un benchmarking à l'échelle d'un continent, ils améliorent l'égalité d'accès à la santé. C'est le fruit des activistes au début du SIDA, renforcé par l'essor du web.

Selon vous, quelles sont les compétences nécessaires pour réussir sa carrière dans le domaine de la santé publique? La prospective? La résilience? L'adaptabilité? Qu'est-ce qui fait d'une formation dans le domaine de la santé publique une «bonne» formation?

Polyvalence, capacité analytique

de la complexité, entrent entre les parties prenantes sont des compétences à développer dans une formation. L'expérience de ces dernières années m'a démontré l'importance de la communication. Le spécialiste en santé publique commence par «lire» une situation pour agir avec des acteurs, mais finalement il doit savoir «écrire» l'histoire qu'il est en train de construire pour bien se faire comprendre par la population, les médias, mais aussi les décideurs et financeurs qui le mandatent («... et les mots pour le dire arrivent aisément», conclurait Boileau).

Vous prendrez prochainement votre retraite: quels sont les défis qui attendent votre successeur-se? Quels conseils lui donneriez-vous pour une prise de fonction réussite et pérenne?

Les défis sont énormes. La santé publique n'est pas autoportante, c'est une activité étatique. Si l'État de droit est menacé, la santé publique l'est aussi. Au quotidien, certains partis veulent réduire les financements pour des économies à court terme, alors qu'il faut des ressources pour se préparer, planifier, s'exercer. On n'a pas compris les leçons de la pandémie. De nouvelles maladies émergentes se profilent.

Au niveau personnel, il faut «garder les nerfs» en toutes circonstances, prendre du recul, rester professionnel. Finalement, les

méthodes de santé publique que j'ai apprises sont ma ressource principale pour garder le cap, traverser la tempête, car avec une boussole et un bon équipement, on peut aller loin.

Les droits humains, la démocratie sont pour moi un cinquième déterminant de la santé d'une population. Gardons-le à l'esprit. Aucun agent-e de santé publique n'aura le prix Nobel de médecine. Je sais que je vais décevoir certain-es étudiant-es! Mais, l'action de santé publique est par essence collective; tout l'art est de faire avancer l'action en effaçant sa petite personne. Dans les difficultés, je me souviens de précurseurs notables. Par exemple, Jonathan Mann que j'ai eu l'occasion de croiser. Il était le chef du programme mondial de l'OMS pour la lutte contre le SIDA. Il réalise vite que la lutte contre le SIDA n'est pas qu'une affaire de vaccins, de médicaments et de préservatifs. Mais, que le succès dépendra de l'engagement de toute la société dans le respect des droits humains et de l'éthique. En 2023, faisons fructifier cet enseignement. ■

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WHO Director-General Dr. Tedros Adhanom Ghebreyesus, center, with Dr. Karen Reyes Castro, WHO project manager with the Diversity, Equity and Inclusion team in the Department of Gender, Rights and Equity in 2019.

Ready, set, go

Walk the Talk Geneva is back on 21 May

The Walk the Talk: Health for All Challenge returns on Sunday, 21 May 2023 to Geneva, Switzerland, and will provide a healthy kickstart to the 76th World Health Assembly, the World Health Organization's (WHO) annual decision-making body attended by delegations from around the world.

GINA MARAMAG, WHO

This fourth edition of Walk the Talk Geneva will also celebrate WHO's 75th anniversary this year, and provide an opportunity to promote solidarity and get people moving for physical and mental health.

Stars from Geneva's leading sports clubs will team up with global dance sensations to bring fun, music and movement to Walk the Talk.

"Walk the Talk this year will be special, as it offers the chance for the Geneva public, the international community and health leaders from around the world to celebrate together WHO's 75th anniversary, and the importance of Health for All, in a fun and physically active way," said Dr. Tedros Adhanom Ghebreyesus, WHO Director-General. "The event will remind us all why being physically active is critical for our health and well-being, as



Walk the Talk Geneva in 2022 attracted thousands of people in a celebration of health.



Thousands of Walk the Talk participants cross the finish line in Place des Nations.

well as why we need to put words into action to ensure access to health for each and every person becomes a reality.”

The next Walk the Talk has significance not only for WHO's Member States, as they make critical decisions to promote the highest standard of health for all, but also for the UN family, health partners and the greater Geneva community, as the event provides a call to action to celebrate the importance of an active lifestyle and to get moving.

What's new for 2023?

The free, in-person Walk the Talk: Health for All Challenge event will invite participants to run, walk or use their wheelchair over two routes: 3 km and 4.2 km. Activities will start at Place des Nations from approximately 7:30 am, building up to the official opening at 8:30 am.

Every year, the event brings together a large community in the spirit of celebration and active fun: WHO staff and their loved ones, the UN community, Member States, athletes, local sports clubs and more are coming together this year.

Rwandan-British choreographer and actress Sherrie Silver, Norwegian dance group The Quick Style, female and male champions from the Servette Football, Genève-Servette Hockey and

Servette Rugby Clubs, the Generation Games initiative and The University Hospital of Geneva will be among the special guests who will help bring fun and healthy energy to the day.

Walk the Talk will also be an opportunity for partners to raise awareness on the pursuit of health for all. These include the UHC Partnership, an initiative that promotes international cooperation for universal health coverage and primary health care, and the 1.8 Billion Young People for Change Campaign, which advocates on behalf of 1.8 billion adolescents and youth (ages 10-24) health and well-being and other groups will be among the health partners.

Walk The Talk around the world

The Walk the Talk: Health for All Challenge is not just an annual event in Geneva – it is a global movement that takes place year-round globally.

In 2022, the event took place on the day before the start of the FIFA World Cup Qatar 2022™ on 19 November 2022, and was organized by WHO and the Ministry of Public Health of Qatar. People worldwide were invited to join the event, in person and remotely, to celebrate the importance of health and well-being. WHO Regional Offices in Brazzaville, Congo, and Cairo, Egypt also held their Walk the Talk event in partnership

with their respective Ministries of Health, and WHO Country Offices hold regular Walk the Talk events throughout the year.

Dr. Rajesh Pandav, WHO Representative to Nepal, has organized more than 100 Walk the Talk events in his duty stations in Timor-Leste and Nepal. “Walk the Talk for me is an example of practicing the advice we give to the world to promote

health,” said Dr. Pandav. “Other than raising awareness on health issues, I find Walk the Talk to be a team building exercise with WHO colleagues in an informal setting. This also extends to the Ministry of Health, partners and other members of the community.” ■

More information can be found on www.who.int/walk-the-talk and if you'd like to participate or hold your own collaborative event, contact walkthetalk@who.int.

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Staff member's perspectives on short-term developmental assignments for career development

In the year of WHO's 75th anniversary, we are happy to be able to celebrate staff as they pursue their career development goals, while also enhancing their skills to better serve the Organization.



From left to right: S. Bhowmik, B. Datingaling, M. Asif, A. Mavounia Ndoko and S. Canna.

SARA CANNA, CAREER MANAGEMENT AND DEVELOPMENT, WHO

I would like to introduce the Short-Term Developmental Assignments (STDAs), a newly created HR mechanism that allows staff members to be temporarily exposed to a different work environment in another location or office for learning and development purposes.

STDAs are first and foremost a way to develop skills and expertise in staff, while exposing them to new geographical or technical environments, and at the same time address a need or gap in the office they temporarily work with. STDAs build on these experiences gained and improve processes, develop networks and enhance consistency across WHO Major

Offices as a result of the exchange of staff expertise, knowledge and skills. STDAs were introduced in 2018 through Information Note: 11/2018 announcing the entry into force of the related Policy.

An STDA can last up to six months and entails a learning and developmental focus for the staff member assigned. It can involve either a temporary geographical or functional move and can take place in the same or in another duty-station on a part-time basis (e.g., a special project or initiative within another unit) or on a full-time basis, and it can be either in person or remote work. It also entails the staff member's right to return to his/her previous job.

One of the main perks of this mechanism is that it can take place remotely and is open to all staff categories on fixed-term or continuing appointments, hence allowing General Service staff (GS) and National Professional Officers (NPOs) to travel internationally to another duty station.

STDAs are an excellent link between mobility and career development, with a positive, enriching and future-oriented focus on field experience across different duty stations as a key enabling and developmental factor. By their nature, STDAs encourage a growth-based approach in career development, that prioritizes experience over promotion. Staff are encouraged to think about their

careers in terms of growth and experience, and to build their skills and competencies in line with their interests, values and goals. Instead of staying within an organizational silo, staff can temporarily move between and across different areas of the organization, both geographically and technically. This approach places staff in charge of their own career development, enabling them to increase their employability not only in WHO, but also in the marketplace as a whole. To create more cross-fertilization, networking and career development opportunities, steps are being taken to also explore the feasibility of allowing staff to participate in STDAs in other UN organizations.

We have collected feedback from some colleagues who have recently undertaken an STDA in HQ/Geneva, with the aim of

providing their perspectives and encouraging more colleagues to take advantage of this mechanism.

Sometimes STDAs provide an opportunity to carry out tasks at a position of a higher level allowing staff to perform in the “ideal job”, as has been the case for Elena Jorgensen, Team Assistant at EURO in Copenhagen. She says: *“I had my STDA with the Career Management and Development Unit in HQ Geneva for six months, which has been such a thrilling experience in so many ways, starting from the nature of the work and the wonderful team, to the overall new feeling of working at the global level. In a career, just as in life, you make choices based on your beliefs and higher interests, and the best bit about my STDA was that the area of work was the perfect match for my professional background and*

my passion, which made the entire experience so vibrant and joyful for me, and gave me the opportunity for being creative, curious and innovative about diverse assignments... I have gained invaluable experience in working at a global scale. Furthermore, this STDA opened up incredible networking opportunities for me...”

Other times, STDAs can take place in the same duty station, but in a different functional area, as was the case for Asif Muhammad, Technical Officer, BOS/HQ, Geneva who says: *“I have had the opportunity to work on a STDA in Geneva on part-time basis for six months. It has been a great experience in so many ways. On a personal level, I had the opportunity to work with a relatively small but very diverse team of five staff members coming from five different countries/ cultural backgrounds, now six*

including me. Professionally, it has been a great opportunity not only to enhance my skills and knowledge, but to also apply and test my skills and competencies at a higher grade/level on a practical basis. This makes the STDA a much safer route for a career path, as it gives the staff an opportunity to test themselves before moving to a higher and more complex role. The STDA mechanism, also strengthens the spirit and concept of WHO by sharing knowledge, and resources and promoting collaboration between the releasing and receiving offices.”

STDAs may also allow staff to continue working in their technical area of expertise, but at an international level, as in the case of Heba Mohamed Rafik Abdel Fattah, Budget Officer in EMRO, Cairo, who was assigned to the Finance Department in HQ/Geneva. She says: *“It was*

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Elena Jorgensen



Poonam Naithani



Prisca Ndongo-Bombo

an awesome experience supporting and working with FNM/APR colleagues on a STDA for the duration of six months. I had the opportunity to attend the yearly closure, interim/end audit queries and financial analysis. This has helped me to strengthen my analytical and problem-solving skills a lot. In addition, I was able to work with all regions and looked at a few areas from different perspectives. This has given me a good understanding of the work done on the ground, collecting different types of experiences, and gaining new insight into problems, issues and ways of improving business areas. I didn't know that working with FNM/APR could be this positive and encouraging."

Learning on the job in a safe environment is a great way to challenge oneself, as explained by Prisca Blanche Ndongo-Mombo, Administrative Assistant in AFRO, Brazzaville, on an STDA in WHE/CRS HQ/Geneva: "This assignment has been an opportunity for me to develop and enhance skills and knowledge in ACT-A and HSRC for COVID-19 responses with a better understanding of what the ACT-Accelerator is; it was a real opportunity to learn from a new environment, to improve my individual level of awareness, and increase my personal skills in areas of communication, professional development, teamwork, as well as the appropriation and assimilation of new work procedures and the growth of my versatility..."

Networking and getting to know new colleagues and expanding horizons as Blessinda Datingaling, Administrative Assistant in WPRO, Manila, on a STDA with HRT/TAM Unit in HQ/Geneva tells us: "... I love the dynamics and meeting new people. I am also pleased to be in touch again with people I worked with in the Regional and Country Offices, as well as those I met the last time. I was here a few years ago. It is such an honour to be given an opportunity like this—twice at that—and I am immensely grateful. This experience has not only been positive for me professionally, but also, or even more so, at a personal level. To be given a chance to be removed from your routine and environment that you've been stuck in for too long a time not only shifts your professional perspective, but it also heals you mentally. I can only hope that more staff members could have a similar chance."

The same richness of experience comes across in the words of Poonam Naithani, Associate, in SEARO, New Delhi, who felt like a dream came through when she was selected for a three-month STDA in the Emergency Preparedness Programme (EPP) at HQ/Geneva. She tells us: "It was an excellent opportunity to work, learn and see ball-rolling from HQ to different regions. I carried back the precious learnings to my duty station that I needed to apply at work. The colleagues were supportive. In a very short span, I had a lovely set

of colleagues-cum-friends across the department, with whom I enjoyed working thoroughly. It was an enriching experience and an added feather to my hat. Besides work, I witnessed snow-fall and minus temperatures for the first time in my life. The long walks in the captivating city were breathtaking."

Since 2018, 77 STDAs have taken place in HQ/Geneva alone, allowing colleagues from all grades and duty stations to work in and be exposed to the Headquarters office environment. In 2021, during the COVID-19 pandemic, STDAs were performed remotely only, and this continued in 2022 when, among the 28 processed STDAs, 14 were from a distance, involving staff from G5 to P4 levels (77% of whom were female). The data collected over the past five years shows that STDAs represent a unique career development and learning opportunity, especially for female candidates across all regions, organizational levels and grades. ■

If you are interested to learn more about STDAs and how they work in practice, please consult the eManual page: [Pages - III.14.2 Short-term developmental assignments \(who.int\)](#) or reach out to the Career Management and Development Team in Geneva by writing to: developmentalassignments@who.int.

Achieving gender parity in workforce

Gender equality is at the heart of human rights and the values of the United Nations. Gender equality has been a tenet of international human rights law since the Universal Declaration of Human Rights was adopted in 1948. It is central to its recognition that everyone is born free with equal dignity and rights, without any distinctions.



Gender equality in WHO: launch of new gender parity policy on 8th March 2023.

**AYNA KHAIDOVA
AND PAUL GARWOOD, WHO**

WHO prioritizes the advancement of gender equality as it is a fundamental right, essential for delivering health for all, and foundational to a just society. The advancement of women's rights is a joint responsibility that does not belong to women alone.

For the first time in WHO's history, the overall representation of women in staff positions across the organization reached parity as of December 2022. Of particular note for longer-term contracts, women represented 50.1% of national and international staff holding such contracts. One of the WHO Director-General's priorities was to ensure gender parity in the positions of assistant director-general, which was achieved during the first term

of the Director-General, with 60% of roles of assistant director-general being held by women. In recent years, the representation of women increased in every staff category and in every region. WHO's achievements and performance in the context of the United Nations System-Wide Action Plan on Gender Equality and the Empowerment of Women are further being strengthened, improving from "approaching" to actually "meeting" requirements for several indicators in 2022.

WHO's pioneering stance on parental leave has largely contributed to the recent International Civil Service Commission (ICSC) recommendations for unified parental leave. It promotes equality, contributes to equity, and gender parity, recognizes the role of all parents, and enhances

the United Nations Common System as an employer of choice.

Notwithstanding these important achievements, more progress is needed to ensure gender parity. Between 2017 and 2022, the proportion of P6/D1 positions in WHO held by women increased from 33.9% to 35.5%, and for D2 roles, from 27.5% to 34.8%. WHO aims to foster this ongoing improvement with a commitment to gender equality, particularly in filling senior professional positions and monitoring progress.

The new WHO Gender Parity Policy was launched by the WHO Department of Human Resources and Talent Management (HRT) on 8th March 2023. The policy envisages a range of key changes, including new parity targets per

professional level and hiring women for decision making-roles where women remain underrepresented; regular reporting by senior managers to strengthen accountability on gender parity; outreach to women from the Global South and women with disabilities; reliance on a newly deployed online HR Business Intelligence (BI) tool to track gender parity progress per hiring office, and at each stage of a selection process; temporary recruitment measures for underperforming levels and offices, and implementation plan for the next two years.

WHO aims to drive positive change together and build a respectful workplace culture underpinned by trust, dignity and fair treatment of all colleagues at every level. Implementing the provisions of the new WHO Gender Parity Policy will help make this a reality across all levels of the organization's workforce. Putting people at the center of what we do is essential. The work towards gender equality and the empowerment of women will be crucial to achieving our triple billion goals, health for all, and making WHO the organization that we, and the world, expect of it. ■

The future of multilateralism in global health

Global health governance is at the cusp of a transition.



World Health Assembly, World Health Organization the Last Frontier for Multilateralism in Global Health.

PRITI PATNAIK,
GENEVA HEALTH FILES

The pandemic of COVID-19 had provided an opportunity for countries to put to the test the strength of multilateral decision-making. The pervading inequities in the response and recovery from the pandemic has shown that the international community has failed the multilateralism test. But as a result, it has changed diplomacy and governance questions forever.

Nowhere is this more evident than in the ongoing negotiations at the World Health Organization, where countries have come together to negotiate new rules in the governance of health emergencies and in the discussions on the amendments to the International Health Regulations (2005). And this, in my view, is a renewed opportunity to push the boundaries, or indeed secure the fundamentals of multilateralism in global health.

But as before, the possibilities for strengthening multilateralism in global health is being, and will be, dictated by current realities and forces outside of global health.

Why is multilateralism failing?

There are multiple reasons why multilateralism in global health has been under challenge. From prevailing economic structures to the rise of transnational corporations, from the rising influence of philanthropists at national and international levels to the systematic dismantling of public-funded health systems – these underlying factors have affected decision-making at international levels.

The emergence of other forums of decision-making, made up of a smaller group of countries have also skewed the way global health issues are discussed and governed. The nature of international cooperation has

changed, not only because of geopolitics, but also because of the rise of bilateral and regional interests among countries.

Why does multilateralism need to succeed?

COVID-19 has shown that complex challenges such as pandemics and the climate crises that respect no borders, will need true international cooperation and a functional multilateral system in decision-making.

The onus of making multilateralism work lies on all countries, and other powerful stakeholders that have impinged on this space.

Countries must make space for democratic engagement at not only international levels, but also national levels. Policy space for countries must be protected from commercial and private interests when governing health matters. A blatant and one-size-fits-all approach

to “multistakeholder-ism” that treats private interests at par with people’s interests represented by civil society groups affects this policy space. In time, this begins to eat into the possibilities in multilateral governance.

For multilateralism to work, and to solve multifaceted challenges, there needs to be a new social contract between and within countries. This will not be possible if governments everywhere ascribe to short-term-ism and protect the status quo without attempting radical changes in the way some of these issues have been governed.

What is in store?

The climate for multilateralism in global health does appear bleak. However, there are openings and possibilities that countries can explore and expand. The onus is on all member states, but more so on those who have

the luxury of leading and shaping other exclusive forums, such as the G7 and the G20.

To be sure, this is a challenge not only for WHO member states, but one that will continue to need support from democratic forces including robust civil society participation, expanded diverse decision-making rooted in decolonial framings, and in the mutually supportive roles of other powerful global health agencies. Many believe that for multilateralism in global health to succeed in Geneva, the process must begin at the national and regional levels. To an extent, Geneva is a reflection of impulses and impetus from capitals. The answers to the concerns on multilateralism may lie beyond the immediate confines in Geneva.

Current negotiations in global health
Despite the diverse and complex

motivations of various countries in the ongoing negotiations in global health, it appears that it may offer opportunities for multilateralism to succeed. For one, the aspiration for better “global health security” may be a powerful factor in catalysing a consensus forged by multilateral decision-making. This is notwithstanding the top-down imposition of the concept of global health security – that has now effectively been embraced even by developing countries.

Ultimately, by way of these negotiations countries may begin to find shared visions to make the world a safer and a healthier place. And even if this means small steps to address the inequities in the access to medical products, or in the investments in health systems, these efforts could collectively contribute to overall progress in the way countries come together to find


solutions to problems that affect everybody.


At stake are the lives, health, and futures of those left behind. Saving multilateral decision-making in global health is a compulsion not an aspiration for international cooperation.

A number of successes have been cited as proof that the world can come together, whether it is signing up to achieve the sustainable development goals, or numerous international treaties. Global health has the potential to demonstrate that multilateralism in decision-making is worth saving. ■

Priti Patnaik is the Founding Editor of Geneva Health Files – a weekly investigative newsletter on global health.

<https://genevahealthfiles.substack.com>






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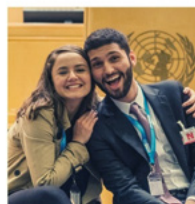
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«Nous, peuples des Nations Unies...»

Ainsi commence notre *Charte des Nations-Unies*:

« [...] Proclamant ainsi notre foi dans les Droits de l'Homme, la dignité et la valeur de la personne humaine, dans l'égalité de droits des hommes et des femmes, ainsi que des Nations, grandes et petites, favorisant le progrès social et instaurant de meilleures conditions de vie [...] »

Extrait: Préambule UN Charter



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Dr. Martha M. Eliot, Assistant Director General WHO, and Rajkumari Amrit Kaur, India's Health Minister and President of the Third World Health Assembly.

ANGÉLIQUE MOGUET (-DE GIOVANI) CLERK, WHO

Cette invitation à unir nos forces en faveur du maintien de la Paix et la Sécurité internationales, «[...] encourageant ainsi le Respect des Droits de l'Homme et des libertés fondamentales par tous et pour tous, sans distinctions de race, de sexe, de langue ou de religion [...]»¹.

L'OMS, Dans le cadre de ses activités, «[...] accorde une importance capitale à l'amélioration de l'équité en santé et de l'accès aux services de santé, tout en veillant à travailler de manière inclusive avec toutes les populations [...]»². En effet, placer l'humain au centre de ce que nous faisons à l'OMS est essentiel en tant que leader mondial de la santé publique; c'est donc en ce sens que l'Initiative «Écouter, apprendre et agir ensemble». a été initiée durant l'année 2021.

En faisant une brève rétrospective sur les 20 dernières années, on constate que l'UNESCO avait déjà adopté en 2001, la Déclaration Universelle sur la diversité culturelle. Décembre 2002, marquera quant à elle, l'adoption de La Résolution 57/249, lors de l'Assemblée Générale de l'ONU, déclarant le 21 Mai comme «Journée mondiale de la diversité culturelle pour le dialogue et le développement».

2015 année symbolique car en plus de l'adoption de l'Agenda 2030, ayant pour but la mise en œuvre des Objectifs de Développement Durables (ODD), cette année sera également marquée par l'adoption à l'unanimité (par la Deuxième Commission de l'Assemblée Générale des Nations Unies) de la Résolution A/C.2/70/L.59, sur la culture et le développement durable. «[...] Reconnaisant que les cultures et les civilisations contribuent à la diversité naturelle et culturelle du monde et sont les catalyseurs essentiels du développement durable. Mettant en lumière la diversité et les richesses des cultures de ce Monde [...], mais également le rôle transversal et essentiel d'un dialogue interculturel, qui est à mon sens la voie nécessaire pour emprunter le chemin de la construction de la Paix et de la mise en œuvre effective des ODD, cela en faveur d'un développement (vraiment) durable.»³

Généralement le 21 mai marque l'Ouverture de l'Assemblée Mondiale de la Santé (AMS), qui se tient à l'Office des Nations-Unies de Genève (ONUG). Cette année elle cette date prend une dimension plus large car 2023 marque le 75^e Anniversaire de l'Organisation Mondiale de la Santé (OMS). C'est donc une occasion toute particulière qui nous est donné de



célébrer cet Anniversaire autour de la Culture et de la Diversité; une occasion souligner l'importance de la diversité en tant qu'agent d'inclusion et de changement positif.

Après le COVID-19 et les 3 années de pandémie que l'on a connu, 2023 représente une occasion de célébrer les multiples formes de la culture (matériel et l'immatériel) et de réfléchir à la manière dont celles-ci contribuent globalement au dialogue, à la compréhension mutuelle entre les peuples, les Etats (et autres parties prenantes) grâce aux vecteurs sociaux, environnementaux et économiques du développement durable.

En ce sens, pourquoi ne pas marquer et célébrer ce 75^e Anniversaire, en invitant TOUS les distingués Délégués, partenaires et collègues à venir habillés en tenu traditionnelle à l'occasion de l'ouverture de cette 75^e Assemblée Mondiale de la Santé...

Car comme vous le savez sûrement, un des autres prisme de la diversité, est l'habillement. Nous pouvons constater qu'à travers les temps et les âges, les différentes civilisations qui se sont succédés ont quasiment toute été distinctement marqués par un style vestimentaire reflétant l'empreinte d'une époque bien spécifique et reconnaissable, tel

que la Grèce antique, la période Gallo-Romaine, la Renaissance, l'époque Baroque par exemple...

Globalement, chaque culture a un vêtement traditionnel, la façon dont nous nous stylisons est une composante importante de notre vie quotidienne, en particulier dans notre monde diplomatique. Cela que ce soit d'un point de vue protocolaire ou non, la tenue vestimentaire est une partie importante de presque toutes les cultures et notre petit rituel, chaque matin avant de quitter notre domicile.

Les codes vestimentaires actuels sont donc une composante intégrés à notre vie de tous les jours, permettant à chacun et chacune de faire rayonner son identité, ses origines ancestrales et son histoire, l'expression de son moi intérieur, le vêtement porté reflétant ainsi plus ou moins, sa place dans la société...

Pour conclure, j'aimerais simplement partager quelques petits «Tips» avec les lecteurs mais surtout les lectrices du *NewSpecial*, collègues de la grande famille des Nations-Unies.

De mon point de vue, le «Tips» le plus important est de toujours faire ses «devoirs», particulièrement en vue d'une réunion bilatérale avec un Etat



Membre, car comme chacun le sait, une réunion bilatérale n'a clairement pas les mêmes enjeux qu'une AG, un Panel ou une journée Internationale, cela, que ce soit du point de vue de l'accueil protocolaire ou en tant que partie prenante de cette dite réunion. Donc en quelques mots, il est essentiel de toujours checker les «codes couleurs», et apporter un point de détails à ne pas mettre une couleur qui pourrait paraître ostentatoire ou provocatrice. Dans la mesure du possible, soit porter la couleur de l'entité que l'on représente (Organisation, NSA, Groupe Privé ou public, Etat Membre) ou s'harmoniser aux couleurs et/ou Emblèmes du «Guest», en cas de doute ne jamais hésiter à porter une tenue classique

(tailleur/costume) et des couleurs basiques (noir/blanc ou bleu navy).

Dans le cadre d'une journée internationale, c'est beaucoup plus simple, car celle-ci est en général associé à une couleur défini par rapport à la thématique globale de cette journée et peut tout à fait être valorisé en combinant la couleur de cette journée avec un rappel de couleur dans une tenue traditionnelle. Voilà brièvement comment nous pouvons valoriser la Diversité et promouvoir la l'identité culturelle à travers l'Habillement au quotidien. ■

- 1 Source: Préambule UN Charter.
- 2 Source: www.who.int
- 3 Source: www.unesco.org/en

COURS D'ÉTÉ DE FRANÇAIS 2023

EN PRÉSENTIEL
«NIVEAUX A1-C1»

Session 2: 03.07 - 21.07.2023
Session 3: 24.07 - 11.08.2023

À DISTANCE
«NIVEAUX B1-B2»

Session 2: 03.07 - 21.07.2023
Session 3: 24.07 - 11.08.2023

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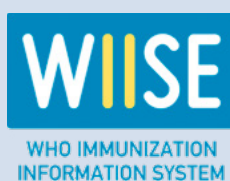
COURS D'ÉTÉ DE FRANÇAIS



Unlocking Global Health

The vital role of immunization data management

The ability to collect and analyze accurate, up-to-date data is critical for the activities of the World Health Organization (WHO).



WIISE was launched in 2017 as a collaborative project across WHO regions, United Nations of Children's Fund (UNICEF) regions, and immunization partners **to harmonize the data needed for global and regional decision-making and to support countries.** WIISE aims to streamline data processes and workflows across all three levels of the organization. It focuses on end-to-end data management processes and was developed using WHO corporate solutions supported by their IT department.

The mission of WIISE is to optimize the collection, management, analysis, and dissemination of immunization and VPD (Vaccine Preventable Diseases) surveillance data collected by WHO worldwide. It focuses on simplifying the three main pillars of the data ecosystem:

Improve data collection process

The **electronic Joint Reporting Form on Immunization (eJRF)** makes data collection and validation easier, faster, more secure from countries.

Create a data storage and harmonization solution

WIISE Mart, as a single point of truth, enables safe transmission and data storage while adhering to WHO data governance and rules.

Provide data analysis, access and visualization

The **WHO Immunization Data Portal**, enables users to filter immunization data, access graphs and maps, and analyze and download data over time.

WHO IMMUNIZATION INFORMATION SYSTEM (WIISE) TEAM

The ability to collect and analyze accurate, up-to-date data, is critical for the activities of the World Health Organization (WHO). For example, data on immunization helps identify gaps and trigger actions and priorities to be able to live in a “world where everyone, everywhere, at every age, fully benefits from vaccines to improve health and well-being».

In 2020, WHO Member States endorsed the Immunization Agenda 2030¹ (IA2030), an ambitious global strategy to maximize the lifesaving impact of vaccines that, if fully implemented, will save 50 million lives over the next decade. IA2030 is guided by four principles: it puts people in the centre, and is led by countries, implemented through broad partnerships, and driven by high-quality

data. To monitor the Immunization Agenda 2030 (IA2030) objectives and targets, WHO uses the **WHO Immunization Information System (WIISE)** programme.

WIISE was launched in 2017 as a collaborative project across WHO regions, United Nations Children's Fund (UNICEF) regions, and immunization partners to harmonize the data needed for global and regional decision-making and to support countries. WIISE aims to streamline data processes and workflows across all three levels of the organization. It focuses on end-to-end data management processes and was developed using WHO corporate solutions supported by their IT department.

The mission of WIISE is to optimize the collection, management, analysis, and dissemination of immunization and VPD

(Vaccine Preventable Diseases) surveillance data collected by WHO worldwide. It focuses on simplifying the three main pillars of the data ecosystem:

Data collection

The electronic Joint Reporting Form on Immunization (eJRF) is the WIISE programme's data collection tool. It is an online portal used to collect immunization performance data from all countries. Each year since 1997, WHO and UNICEF jointly collect immunization data to track progress towards global and regional goals. The eJRF replaces the manual efforts by countries that were previously done in an excel document, and provides a better user experience with faster and more secure data submission and transmission.

The data reported in the eJRF are stored in the WIISE data management warehouse, and published on the WHO Immunization Data Portal, providing countries and the world, insights into immunization data and trends.

Data storage

The WIISE programme uses WHO's xMART solution to manage immunization data. xMART is WHO's customized secure data warehouse for harmonizing and storing data for multiple health programs. Using the xMART technology, the WIISE programme developed their own data warehouse, WIISE Mart, which acts as the single point of truth for all immunization data. WIISE Mart provides a central location for global, regional and country immunization data storage, and applies WHO corporate data governance strategies and policies.

Data dissemination

The WHO Immunization Data Portal² acts as main hub for immunization data dissemination. When accessing the portal, users can find, interact, visualize, download, and share immunization data in an easier way.

How does the Immunization Data Portal work?

The Portal contains three main sections that allows users to:

- filter and access all immunization data from the All data page;
- view global, regional, and country summaries of immunization data from the Dashboard page; and
- compare different immunization data such as reported cases of VPDs and vaccination coverage data from the Compare page.

The immunization topics available on the portal show data for different country groupings such as WHO and UNICEF regions, World Bank Income Status, and country groupings. In this short explanatory video³, all functionalities and features are detailed to help understand how to take the best of the tool.

What information is available on the portal?

The data available on the portal includes vaccine-preventable disease reported cases and incidence, vaccination coverage, immunization program indicators, vaccine introductions, vaccine schedules, and other immunization related topics. On the portal, it is possible visualize and analyse data over time, view charts and maps of the data, and export the data and visuals you need.

The portal also provides easy access to other immunization related data and analytics such as the WHO and UNICEF Estimates of National Immunization Coverage (WUENIC) PDF country files and summary presentation, subnational immunization coverage data, and the COVID-19 Vaccine Delivery Partnership Information Hub. ■

Visit the WHO Immunization Data Portal today and find much richer immunization data from all over the world: <https://immunizationdata.who.int>.

1 <https://www.immunizationagenda2030.org>

2 WHO Immunization Data Portal: <https://immunizationdata.who.int>.

3 How to use the WHO Immunization Portal: www.youtube.com/watch?v=Vkf57CWnSHY.



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In February 2020, Nigeria conducted far-reaching Polio vaccination campaigns, thanks to WHO.

A writer's journey to WHO at 75 and what it means for the future

I have been working for WHO for approximately five months. I fall asleep with thoughts of my task inches from my "hot zone" and wake up beside it. I breathe its breath. Over the past ten years, I've traversed continents, writing stories about landscapes, their inhabitants and the struggles that sometimes inhabit them.

KEVIN EZE, WHO

The parks of Hay Festival in Wales, the commercial streets of Dakar, migration routes across the Sahel, and the gold fields of Eastern DRC have been among the topics in my published work. I'd always considered my notebook a *vade mecum*, a place to keep my thoughts and draft archive. I could never have imagined that after documenting the desperation of the global community to get vaccines against COVID-19, I'd have to interrogate public health daily.

Last 22 September, I was on a writing leave in Lagos to explore the hub's COVID-19 innovation when WHO informed me of my selection for a writing position in Brazzaville. The transparency of the hiring process was second to none. The Canada-based screening agency's email found me on a train trip to northern Kenya. The longlisting writing exercise forced me to cut that trip short. The shortlisting writing and design tests made me stay in a quiet place till 9:00 p.m. The presentation



© WHO/D. Toro

A patient in Eswatini benefitted from the life-changing antiretroviral treatment accessible to everyone.

and interview dawned as I was in Kampala crafting speeches for a gender equality campaign. I had no idea what would follow. But whatever followed came after a deep satisfaction that WHO wants writers infused with logic and critical thinking.

When the contract came, I did not hesitate. I bear a mark of WHO's achievements. As a child, my mother told me I wouldn't be infected by smallpox because WHO helped eradicate it. When I visited a former colleague in a hospital, I learned that he and other patients got antiretrovirals thanks to a WHO project. I was part of a media campaign with CNN in the northern part of my country to end Polio where WHO was a household name. As concerns about equitable access to COVID-19 vaccines surged, WHO co-led COVAX – the vaccines pillar of the Access to COVID-19 Tools (ACT) Accelerator – to speed up the development and manufacture of COVID-19 vaccines and to ensure fair and equitable access for every country in the world. Without COVAX, I wouldn't have been vaccinated against the virus when I was in Kenya.

Perhaps the biggest of these marks is WHO's role in steering the world out of the worsening

of COVID-19 misinformation. "At its worst, misinformation of this sort may cause people to turn to ineffective (and potentially harmful) remedies," write the authors of a paper in *Psychological Science*¹ I read in July 2020, "as well as to overreact (hoarding goods) or, more dangerously, to underreact (engaging in risky behaviour and inadvertently spreading the virus)."

At the height of the "infodemic," looking for reliable information on COVID-19 on the Internet was not always a safe haven – solid science on the one hand and rumors and fabulism on the other. Keeping the two apart was not always easy, and with so much of the time we spent online teleworking, not only was the junk believed by many, but it was also widely disseminated, creating a ripple effect of falsehoods that misinformed people and endangered lives.

I listened to WHO's frequent press conferences on COVID-19 and other global health issues recorded and saved for post-event, on-demand access. I read its headline statements and interviews in mainstream media, providing an expert opinion. I visited its fortress of databases that set the numbers straight amid

conflicting statistics. WHO's role as the global guardian of public health was paramount.

These and other success stories are a river of content for contemporary writing.

As WHO works to galvanise more international cooperation, sustainable financing and community engagement, it needs an increasing power of storytelling. Recent scientific work is making a much finer point on how stories change our attitudes, behaviours and beliefs.

Before the chasm of inequality revealed by COVID-19, WHO wants more cooperative behaviors. Luckily, stories motivate people to engage in collective behaviors. They do this by enhancing the sense of empathy and our ability to experience others' emotions. These findings – on the neurobiology of storytelling – are relevant to advancing global health.

Why should governments or a person in a community care about the change WHO is proposing? How does it secure the world or foster health? How will the economy of nations be lifted when an epidemic is prevented or quickly defeated? These

components make information persuasive and memorable. And I have come on board to join WHO to tell these stories. ■

¹ <https://journals.sagepub.com/doi/full/10.1177/0956797620939054>



From left to right: Dr. Gro Harlem Brundtland, Dr. Bill Kean and Ambassador Luiz Felipe de Seixas Corrêa¹ celebrating the adoption of the WHO Framework Convention on Tobacco Control.



WHO Framework Convention on Tobacco Control balloon. The Balloon was launched in front of WHO in June 2003 on the occasion of opening of the signature of the WHO FCTC.

WHO Framework Convention on Tobacco Control 20 years on the front line of tobacco control

It has been 20 years since the governing body of the World Health Organization (WHO) adopted the WHO Framework Convention on Tobacco Control (WHO FCTC), ushering in a new era in global public health when it entered into force two years later in 2005.

**DR. ADRIANA BLANCO MARQUIZO
AND DR. DOUGLAS BETTCHER²**

The passage of time makes it difficult to recall the significance of that moment. Not only had WHO never before exercised its treaty-making powers under Article 19 of its Constitution, but the treaty faced tremendous opposition from the tobacco industry.

Thus, the adoption of the WHO FCTC at the World Health Assembly on 21 May 2003 marked a watershed – for the first time, the international community came together in solidarity to take a bold stand against a global human-made epidemic.

Those early pioneers who advocated for the WHO FCTC – people from a wide range of national and professional backgrounds

– recognized that Tobacco Control needed something more than solitary national efforts, as the industry shifted its focus from the developed world to seek new victims in the developing world. The treaty, however, represented an ingenious state-of-the-art approach to combat the globalization of the tobacco epidemic.

Some 80% of tobacco users are in low- and middle-income countries, where tobacco purchases eat away at often meagre household budgets, and where medical treatment for tobacco-related illness imposes the most catastrophic burdens. The Convention showed that the world would not idly stand by as the most vulnerable among us were exploited for tobacco industry profit.

The Convention was novel in other ways. It sought to address both demand-related issues such as taxes and advertising, and supply-side issues, such as illicit trade and promoting economically viable alternatives for those dependent on the crop, for example, tobacco growers.

It has been an enormous success. The Convention now has 182 parties that together represent more than 90% of the world's population. Furthermore, in September 2018, the first protocol adopted under the Convention – the Protocol to Eliminate Illicit Trade in Tobacco Products – entered into force.

There are, of course, many issues to be tackled before we put an end to this noxious product. But

there is significant evidence that the high-level implementation of the WHO FCTC demand-reduction measures is “significantly associated with lower smoking prevalence, [and] with anticipated future reductions in tobacco-related morbidity and mortality”, according to 2017 research.³

A WHO global tobacco trends report⁴ released in 2021 showed that in 2020, 22.3% of the global population used tobacco – down from 29% in 2005. Sixty countries are now on track to achieve the WHO voluntary global target of a 30% reduction in tobacco use between 2010 and 2025. In 2019, only 32 countries were on track to meet that target.

The intimate connection between Tobacco Control and development is clearly acknowledged in Sustainable Development Goal 3, which specifically highlights strengthening implementation of the WHO FCTC as a vital means to achieve the targeted one-third reduction in premature deaths due to noncommunicable diseases by 2030. The role of the Secretariat of the WHO FCTC – a hosted entity based at the

headquarters of WHO – is to support Parties in fully implementing the Convention. This role is carried out in collaboration with entities such as WHO and other United Nations agencies.

The WHO FCTC is not a magical formula. Rather, it is a set of evidence-based measures which, when fully implemented, are proven to reduce the prevalence of tobacco consumption, and its results are as strong as its level of implementation by Parties.

It is true that the WHO FCTC is not as fully implemented as we would like, but it is also true that there has been progress. As Deborah Arnott, Kylie Lindorff and Andrew Goddard stated in *The Lancet* last year⁵: “The [WHO] FCTC remains fit for purpose, providing a flexible framework and example of best practice for global Tobacco Control... Failure to implement is due to multiple challenges in moving Tobacco Control forward, the greatest of which is the tobacco industry, which works relentlessly to delay and weaken Tobacco Control policies, particularly in low-income and middle-income countries.”

While things have changed over the past 20 years, not all these changes have been for the best. Faced with extinction, the tobacco industry has fought to reinvent itself through a profit-motivated “solution” to the profit-motivated problem that it caused.

The emergence of novel nicotine products, such as electronic cigarettes, has also brought new challenges. While independent evidence still is not conclusive regarding the long-term effects of these products not only to individuals, but more generally to public health, these products are used by the tobacco industry as a route to its economic survival, allowing it to depict itself as a benign problem solver. And this adds to the tobacco industry’s frankly cynical attempts to launder its reputation using so-called corporate social responsibility schemes.⁶

However, it is remarkable that the drafters of the WHO FCTC foresaw such challenges by being the first modern United Nations treaty to include a binding provision – Article 5.3 – to counter the

insidious actions of the tobacco industry and its front groups.

This fight has not been easy and will not be any easier in the future, but we know how to confront this challenge, and we have years of experience doing so. That is because the founders of our treaty worked extremely hard to develop an approach that could be used by all people of goodwill against an industry that has nothing to offer but death and detriment.

The treaty is a proven lifesaver! ■

- 1 From left to right: Former Director-General of WHO and former Prime Minister of Norway (Dr. Brundtland), WHO ADG (Dr. Kean), Former Secretary-General of Brazil’s Ministry of Foreign Affairs and former President of the Intergovernmental Negotiating body (Ambassador Corrêa).
- 2 Head of Secretariat of the WHO Framework Convention on Tobacco Control and Senior Advisor, WHO Director-General’s Office.
- 3 [https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(17\)30,045-2/fulltext](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(17)30,045-2/fulltext)
- 4 <https://www.who.int/publications/i/item/9789240039322>
- 5 [https://www.thelancet.com/journals/lanpub/article/PIIS0140-6736\(22\)01,334-4/fulltext](https://www.thelancet.com/journals/lanpub/article/PIIS0140-6736(22)01,334-4/fulltext)
- 6 <https://tobaccotactics.org/article/csr-strategy>

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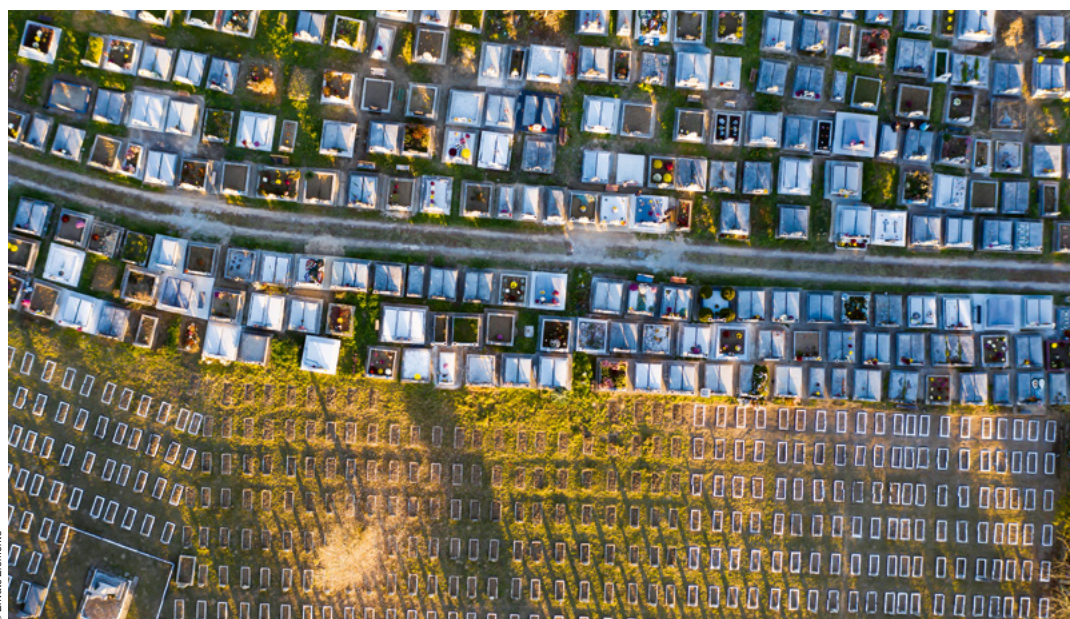
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Unpacking necropolitics: How social and political power dictates life and death

You're stuck on a deserted island with five other people who have vibrant careers and lives. They include a carpenter, a doctor, a child, a bartender, an electrician and you. Alas, a ship has come to rescue you but only holds five people. Someone must be left behind, and you have to decide who.



Alleys between community niches and graves with tombstones.

MARIA VASSILIOU, PHILOTIMO LIFE

These types of riddles plague philosophy students worldwide, but this scenario is a perfect example to demonstrate how necropolitics works. You have a decision to make, and it will impact a person's life. What criteria will you use to decide?

It's an innocent thought experiment, but at a global scale, we see necropolitics in government and political decisions worldwide. Necropolitics determines not just *how* people live and die, but *who* gets to live. By extension, necropolitics determines *how* to view some deaths as necessary and productive.

Necropolitics incorporates the Greek word *Nekros* (meaning corpse) and translates to the politics of death. Philosopher Achille Mbembe introduced the term in his 2003 publication, *Necropolitics*. In it, he describes necropolitics as the "subjugation of life to the power of death," where those who are subjected to death have it forced upon them. This term grew and was influenced by Michel Foucault's earlier concepts of biopower and biopolitics, which can be summarized as using social and political power to control people's lives.

The main outcome of necropolitics is to exert control over people's

lives and the conditions under which people live life. It determines whose lives are most worthy of being lived – and, similarly, whose lives are not. This unveils an uncomfortable truth; some lives are considered discardable for some arbitrarily decided greater good. This can be seen in many parts of society and politics.

During the pandemic, disadvantaged communities particularly suffered, and in the United States, we heard politicians advocate for the sacrifice of the elderly for the benefit of the economy. We often see necropolitics at play during war and conflict, where the lives lost are tallied up and attributed

to the “cost of freedom”. If we look carefully, we even see how necropolitics negatively impacts our progress in the fight against climate change. Necropolitics shines an intentional light on these inequities, and the associated hurdles to sustainable development.

Necropolitics is relevant beyond wartime

Throughout history, mere existence has been justification enough for some subjugated groups to be killed. If those groups were seen to oppose a goal or stand in the way of “meaningful progress,” their deaths were often categorized as “collateral damage.” This choice of language has been seen in propaganda, often mentioned in times of war, and eventually results in the idea that some people may have to die in order to achieve an abstract societal good.

This also applies outside of war, though. Necropolitics affects the lives of civilians in non-conflict environments, also. One example is the recent train derailment in East Palestine, Ohio.

On February 3rd, 2023, a 38-car train derailment resulted in toxic substances spilling into the environment and later being burned into the air. It’s been estimated that over 40,000 animals of various species have died in the area near the crash site. Some have even reported dead animals as far as 30km away. Despite an evacuation order being lifted just five days after the crash and state and federal authorities insisting that residents would be safe to return home, residents and health investigators continue to fall ill.

This event could be analyzed ad nauseam, but Nina Turner a professor and former Ohio state senator, underscores how necropolitics plays a role in the situation. “If there were toxic chemicals being released in a wealthy suburban area, there

would be outrage.” For context, the average household income in East Palestine, OH is approximately 40% lower than the average American household.

In 2022, the world watched Lionel Messi win a World Cup in the fabulous stadiums in Qatar. In the backdrop, however, were the approximately 6,500 migrant workers who died between 2011 and 2020 to build those same facilities.

Despite ongoing concerns for almost a decade, limited improvements were made to create safer workplaces. Workers continued to experience nationality-based discrimination, abuse, unpaid wages, and other labour violations. Through all these violations, FIFA continued to generate a profit, with little to no ramifications for authorities in Qatar or FIFA itself. This creates the impression that the deaths of 6,500 individuals are deemed acceptable in exchange for a 28-day World Cup event.

The price (of life) is not right

At the time of this writing, the United States is grieving the deaths of six innocent people in a school shooting at the end of March, and wall-to-wall coverage has dominated the airwaves during this time. This was the 129th mass shooting in the United States in 2023. Just a few weeks earlier, seven mushroom farmers were killed in a mass shooting in Northern California with little to no such news coverage.

Quietly but surely, we have assigned a price to the lives of specific people. The health systems of countries worldwide serve as a litmus test to necropolitics in action. Maternal mortality statistics, often an indicator of health inequities, show that high-income countries have lower maternal mortality than low-income countries. In the European Union, except for Norway, women born abroad or

belonging to a minority group had maternal mortality rates 50% higher than the national average. While the discussion is nuanced, it is important: as a theme around the world, there are certain people whose lives are deemed more valuable.

And, of course, necropolitics is inextricably and most obviously linked to military conflicts and war. In 2020, over 80 million people were pushed into poverty, and 55 million people were forced to move within their country due to extreme weather events, such as storms, floods, and other climate disasters. Meanwhile, global military budgets increased, on average, by just under 3 percent. The mere fact that invasions and wars occur incorporates an equation that estimates that the lost lives will be worth the perceived outcome. Sadly, this results in the deaths of countless individuals, impacts global health and environmental wellness, and creates further tensions between nations that prevent the development of a peaceful human race. Dr. Carlo Rovelli and Matteo Smerlak have written extensively on the social development we could achieve if even small percentages of military spending were reallocated to healthcare, climate, and education.

How to mitigate the impacts of necropolitics

Necropolitics is how power and control dictate the lives and deaths of people worldwide. As we contemplate the UN Sustainable Development Goals, we examine ways in which life can be made more equitable for all people. Missing from the discussion is how we can make death more equitable globally. At first glance, improving life and improving death seem at odds with one another.

But organizations like Philo-timo Life advocate that we can design a more compassionate world by starting with the self.

By incorporating age-appropriate elements of death and grief literacy into our education systems and workplaces, we can make meaningful progress at designing societies and a world that work against the current structures of necropolitics.

As grief is a universal emotion. Incorporating grief education into our childhood and adult education systems prepares future leaders to consider the preciousness of human life and how their actions impact others.

As we are often distracted by the shining, sparkling objects that fill our days and consume our lives, we rarely contemplate our own mortality. There is the idea that being reminded of our mortality is counterintuitive to embracing and treasuring life. But it actually helps ease any death anxiety or uncertainty we experience. Similar to how we deeply appreciate sunny days much more after experiencing long, dark winters, we’ll appreciate life much more when we better understand and acknowledge our mortality.

When we lean into an understanding of death and grief literacy, we are able to fundamentally shift the way we view death and dying. When this is done, we begin to recognize that death is a reality for everyone, and we allow ourselves to value each individual life. As we enhance our own personal understanding, we also allow ourselves to better foster a compassionate and kind society that supports each other through our heartaches, grief, and loss, while ensuring all lives are appreciated and valued. When we fundamentally change how we view death and dying, we will fundamentally change how we view life and change the way we choose to live. ■



Ebola vaccines trials in Guinea. Kits are prepared for the teams that carry out vaccinations and follow-up visits.

Saving lives through vaccine stockpiles

How WHO and its partners improve vaccine equity and global health security.

“Vaccine equity is not just a moral imperative, it is a strategic and economic imperative.”

Dr. Tedros Adhanom Ghebreyesus

VACHAGAN HARUTYUNYAN, WHO

Imagine a world where an outbreak of a deadly disease like Ebola or Yellow Fever could be quickly stopped by a simple vaccine. Now imagine that this vaccine is not available to everyone who needs it, because of limited supply, high cost, or lack of access. What would happen if an outbreak occurred in such a situation?

This is not a hypothetical scenario. It has happened before, and it could happen again. That’s why in the past 40 years, the World Health Organization

and its partners have been on a mission to safeguard the world’s health through stockpiling life-saving vaccines.

The recent epidemics and pandemics, such as Severe Acute Respiratory Syndrome, Middle East Respiratory Syndrome, H1N1 (Influenza A virus), Ebola, mpox, and COVID-19, have brought vaccine security and equity to the forefront of the public and policy-maker’s attention. This renewed focus has highlighted the importance of maintaining current stockpiles and establishing new



Somalia: Polio immunization campaigns in Hargeisa, 2019.



WHO Director-General, Dr. Tedros Adhanom Ghebreyesus and WHO Regional Director for the Eastern Mediterranean, Dr. Ahmed Al-Mandhari (not pictured) visit the Basic Health Unit in Shah Allah Ditta, Islamabad, Pakistan, on Monday 7 Jan, 2019.

ones. As of 2023, these stockpiles contain vaccines against some of the deadliest diseases known to humankind, including smallpox, meningococcal meningitis, Yellow Fever, Cholera, Pandemic Influenza, Polio, and Ebola.

The eradication of smallpox in 1980 was a defining moment in global health and a testament to the power of collective action. To ensure that this success was not reversed, the Global Commission for the Certification of Smallpox Eradication recommended the establishment of a vaccine reserve under the control of WHO. This led to the creation of the WHO Smallpox Vaccine Emergency Stockpile (SVES), which is one of the oldest global vaccine stockpiles in existence today. The SVES currently holds around 35 million vaccine doses, with 2.4 million doses held by WHO and the rest generously pledged by donor countries and stored in their own national stockpiles.

Poliovirus is another disease for which a vaccine stockpile was established by the Global Polio Eradication Initiative (GPEI) to ensure that the world remains safe after its eradication and the global withdrawal of Oral Polio Vaccines (OPV) from routine immunization. GPEI is a partnership led by national governments


with six core partners: the WHO, Rotary International, the US Centers for Disease Control and Prevention, the United Nations Children's Fund, the Bill & Melinda Gates Foundation, and Gavi, the Vaccine Alliance. In 2015, monovalent OPV2 was added to the global OPV stockpile following the certification of wild Poliovirus type 2 (WPV2) eradication. To ensure equitable access to this vaccine and mitigate potential risks associated with the use of a live vaccine, it can only be released upon the approval of the WHO Director General. The OPV1 and OPV3 will be added to the stockpile in the coming years to ensure that vaccines against all Polio serotypes are available after their eradication.

Vaccine stockpiles aren't just about being prepared for outbreaks of eradicated diseases. They're also a critical safeguard against diseases with the potential to cause epidemics and pandemics. The largest partnership that governs these stockpiles is called the International Coordination Group on Emergency Vaccine Provision (ICG) that is made up of four member organizations: the International Federation of Red Cross and Red Crescent Societies (IFRC), Médecins Sans Frontières (MSF), UNICEF and WHO. The ICG was established in 1997

after a meningitis epidemic in Africa's Sahel region left an estimated 20,000 dead. A shortage of vaccine supply and inequitable distribution contributed to this devastation. Since its inception,

the ICG led the establishment and is currently managing stockpiles of vaccines against four diseases: Meningitis (1997), Yellow Fever (2001), Cholera (2013) and Ebola (2021). The Cholera and Yellow

On behalf of the United Nations Women's Guild



Art Exhibition

10 - 16 May 2023

Theme Earth/Mother

Exhibition of acrylics, oils, watercolours, photography and sculptures

United Nations
Door 40, Mezzanine
2nd floor

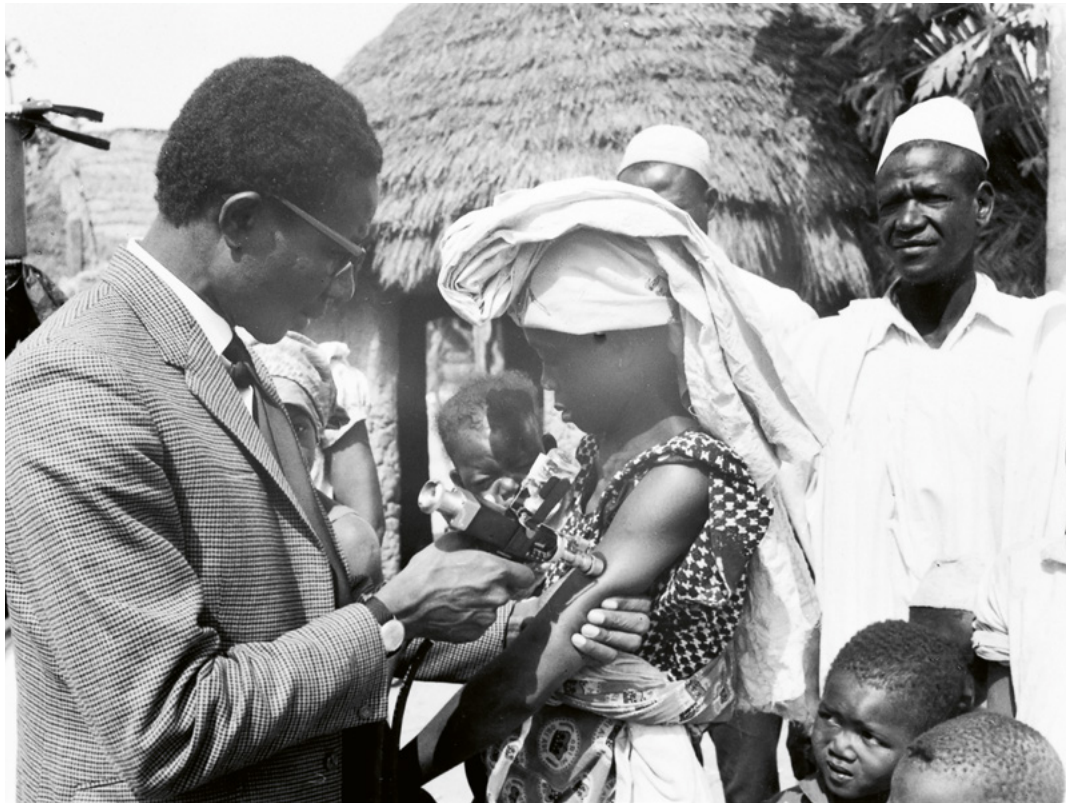
Our thanks to Mrs Myriam Bongard-Stadler for her valuable artistic assistance

**Opening with cocktail
Wednesday 10 May at 12:30**

Poster design: Caroline Scudamore

Exhibitors

- Carmen Campo Real
- Carmen Falaize
- Zoubida Franzoni
- Rodica Grigorita
- Maryuneri Herrera
- Mehri Hosseini
- Lore Hyatt
- Mohadeseh Lashgari
- Helen Lom
- Radiona Nikova
- Caroline Scudamore
- Venus Sharifi
- Guadalupe Romero Silva
- Amira Soliman Mohammed
- Mojdeh Taleghani
- Elisabeth LUCICA Tschyrkow
- Nataly Ursu-Moraru
- Concepcion Verastegui
- Nivie van Ginneken
- Katharina van Rhoon
- Marie Luise von Muralt



The WHO smallpox eradication campaign was launched in its intensified form in 1967, and in four years had wiped out smallpox in Latin America. Four more years toppled the disease's last bastion in Asia.

Fever stockpiles are used for outbreak response, as well as control and prevention of these diseases.

The Pandemic Influenza Preparedness (PIP) Framework is a crucial mechanism for ensuring that countries around the world are prepared to respond to the next influenza pandemic. The framework is built around two innovative benefit-sharing mechanisms: the Partnership Contribution and Standard Material Transfer Agreement 2 (SMTA2). They require PIP biological material recipients to make financial contributions and provide access to Pandemic Influenza products, such as vaccines, to enable a virtual stockpile, thus helping strengthen Pandemic Influenza preparedness and response capacities, with a particular emphasis on developing countries.

It is important to emphasize that vaccine stockpiles are far more than just a mere collection of vaccines stored on a shelf, waiting

for a potential crisis. In fact, they represent a complex system that manages every aspect of vaccine development and delivery, from sourcing and financing to prioritization, regulation, distribution, and beyond. They provide an environment for innovation, enabling the development of new vaccines and ways of delivering, regulating, managing, financing, and utilizing them.

For instance, the ACT accelerator through its COVAX initiative played a pivotal role in ensuring the rapid availability of vaccines to respond to the COVID-19 pandemic. The PIP framework enables facilitated access to the materials and knowledge necessary to produce influenza vaccines, and GPEI plays a pivotal role in the development of new, more genetically stable OPVs to ensure more effective responses to Poliovirus outbreaks. The emergence of novel pathogens and risks associated with infectious diseases prompted the establishment of an Emergency Use Listing (EUL), an innovative

mechanism that enables a risk-based assessment of the acceptability of unlicensed vaccines and other products in development, expediting their availability to people affected by a public health emergency.

As we look to the future, expanding and establishing new vaccine stockpiles will play a critical role in ensuring global health security. To achieve this goal, we need to focus on streamlining the governance and management of these stockpiles, making them more integrated and synergistic within the global systems for epidemic and pandemic preparedness. It's essential to move away from political expediency-based financing and towards a more stable and sustainable model, ensuring that vaccines are available when and where they're needed. Ongoing research and innovation in product development, delivery methods, governance, management, and regulation will also play a key role in preparing us for future epidemics and pandemics.

Global vaccine stockpiles play an important role in ensuring vaccine equity and improving global health security. By ensuring that life-saving vaccines are readily available in times of crisis, we can mount swift and effective responses to disease outbreaks, protecting vulnerable communities and saving countless lives. These stockpiles are a shining example of the power of international cooperation and partnership, highlighting how we can work together to make the world a safer and healthier place for all. ■

Acknowledgements: Aidan O'Leary (WHO Polio Eradication Department), Sylvie Briand, Tim Nguyen, Alexandra Hill, Ioana Ghiga (WHO Epidemic and Pandemic Preparedness and Prevention Department) Ann Ottosen (UNICEF Supply Division) Eduardo Vargas (WHO High Impact Epidemics Department)

Entrelacs Association

Transforming the worst into something better

Interview with its President, Lydia Müller (LM), Psychologist/Psychotherapist FSP.



Association pour transformer le pire en meilleur
Maladie grave, Deuil, Vieillesse difficile, Fin de vie
Rue de la Servette 80, 1202 Genève
022 740 04 77 www.entrelacs.ch
Permanence Wednesday 6:30 pm to 9:00 pm

Entrelacs and Lydia Müller offer...



Mourning Café
Program 2022-2023
Monthly every 3rd Tuesday
November 2022 - June 2023

... a space where you are welcome to share your story, your emotions and feelings about any loss (a child, spouse, parent, friend or colleague, an animal companion, work, health...), in order to find support, comfort and more serenity.

Lydia Müller

President of Association Entrelacs, psychologist and psychotherapist FSP, specialist in psycho-oncology, serious illness, end of life and grief work.

Association Entrelacs

Founded in 1992 in order to offer support for any life crisis caused by severe or fatal illness, aging or death.

Where

Espace Quartier Grottes (Community Center)
Rue du Grand-Pré 9, 2nd floor, 1202 Geneva
(5 min. from Gare Cornavin)

When

Tuesdays, 6:30 pm to 8:30 pm
16 May, 20 June 2023

Information & registration

Laurence
+41 (0) 76 319 33 37
info@entrelacs.ch
www.entrelacs.ch/activites/cafe-deuil

Donations welcome

JACQUELINE LASHLEY, WHO

What is the mission of the Association Entrelacs?

“Transforming the worst into something better” is our “raison d’être”. Our mission is to promote another approach to existential crises such as severe illness, grief, difficult aging, and end of life. Thanks to the amazing parallel between the birthing process and dying, Entrelacs gives a new perspective on what is at stake in these issues on a physical, psychological, and spiritual level. We aim at the accomplishment of *being* and support people in search of meaning in these existential issues. We contribute to changing attitudes and mentalities towards death and dying and collaborate in research on the needs of people who are seriously ill, in mourning, aging, or at the end of life.

We provide the following:

- Private consultations to provide a safe space for daughters and sons caring for an elderly, sick, disabled and/or dying parent to share and find resources.
- Provide caregivers with a trained “peer” who support them in their accompaniment.
- Provide well-trained volunteers, willing to devote time and intervene on an ad hoc, or regular basis, at home or in an institution to people at the end of life and their loved ones.
- Training for persons interested to become volunteers to accompany the psychological, relational, and spiritual aspects of those who are seriously ill, at the end of life, or mourning.
- Weekly telephone hotline between 18h30-21h00 in English, French and German.
- Monthly support group in French (1st Tuesday) and in English (3rd Tuesday).
- YouTube channel with FAQs.
- Conferences on specific themes (recorded, or future dates).
- Personal development workshops

– Provide links to forms for anticipated directives (for Switzerland and France) in English, French and German.

Why would someone who’s grieving want to go to a support group? Isn’t this something rather personal, and one would not want to share with people they don’t know?

For certain people, this might be true, however, there are others for whom it is important to feel understood by others who are going through similar difficult situations. It really helps to know you are not alone, and to realize that you are not strange or feeling crazy things. The support group is open-minded and non-judgmental that offers a safe space to share.

What are some of the benefits of going to a support group on grieving?

The most important is to feel understood and accepted with whatever feelings that are expressed. It helps to put words on what you are feeling (e.g. sadness, anger, relief, jealousy, etc.). Hearing what others are going through can also help put your situation into perspective. It can provide you with a better understanding of the feelings you are going through. It can provide you with hope and encouragement to get through your situation.

You mention in your flyer other losses, such as loss of a job, change of jobs, etc., how could this support group be beneficial for me?

Grief is not only reserved for losses of a loved one. There are other painful experiences, such as losing a job, losing one’s health, a dear friend/colleague who moves away, loss of a beloved pet, etc. We need to stop putting the importance of certain losses over others. It always depends on how the person experiences their loss – the stronger the attachment, the more painful the loss. ■

Happy 75th Birthday WHO

Seventy-five years young and very much alive,
 Our Organization is even stronger, continuing to strive
 Towards Health for All, coping with many a threat,
 Covid-19 being the most dangerous yet.
 WHO is now even more of a household name,
 This pandemic has brought it so much more fame,
 With so many challenges to overcome worldwide,
 Encouraging nations towards mutual support side by side.
 WHO's mandate set in '46, in the month of July
 Is still valid today, after 7 decades have flown by –
 Striving for the highest attainable standard of health
 For all the world's peoples whatever their level of wealth.
 Much has been done but much lies ahead: we know well that
 diseases emerge
 To threaten our security and populations to purge.
 Past achievements are many and need more recognition,
 With lessons learned kept in mind to strengthen our mission.
 Many communicable diseases are now under control
 Thanks to WHO's global coordination role.
 In response to statistics showing key shifts worldwide,
 WHO focuses more on the noncommunicable disease side,
 But, as we well know, viruses still love to challenge our
 knowledge and skill
 In responding to outbreaks before large numbers they kill.
 WHO has relied on its key International Health Regulations
 Setting guidelines on reporting outbreaks across nations,
 But now, a legally binding pandemic accord is of great need
 To protect from future emergencies, it will be a crucial deed.
 Success examples are many, it is true
 But let's focus here on a selected few.
 Programmes on immunization and Polio have gained much
 renown
 But smallpox eradication remains the jewel in WHO's crown.
 Special Programmes have stimulated research worldwide
 On human reproduction and to stem the tropical disease tide.
 WHO's programme on AIDS moved on to UNAIDS and
 Other work incubated new initiatives now well-known and
 grand,
 Such as GAVI, the Global Fund to Fight AIDS, Malaria and TB,
 With efforts on Health for All laying groundwork for UHC.

Many guidelines are well used and the Essential Medicines
 List
 Helps each Member State's decision-making and each
 scientist.
 MDGs, then SDGs set targets for agencies and nations
 To improve the well-being of all the world's populations.
 The WHO Framework Convention on Tobacco Control treaty
 Was adopted by the World Health Assembly unanimously.
 Eight Directors-General for the 75 years spanned
 Chisholm, Candau, Mahler, Nakajima, Brundtland,
 Followed by Lee, Chan and now Tedros Ghebreyesus,
 Helped by six Regional Directors and DGs Emeritus.
 General Programmes of Work have reached number thirteen,
 Which sets a vision for the "triple billion goals" scene,
 "1 billion more people benefitting from UHC,
 1 billion more people better protected from a health
 emergency,
 1 billion more people enjoying better health and well-being
 respectively",
 Ambitious goals for the world's leading public health agency.
 Now, five priorities are crystallized at this time,
 Promoting, Providing, Protecting, Powering, Performing for
 health – a 5 "P" rhyme.
 So, WHO's important work remains vital for many years to
 come
 And it needs much more resources, both for staff and income,
 Especially for strengthening Country Offices, at the forefront
 Of WHO's work at country level, they bear the brunt.
 Successes are due to hard work of staff, current and past,
 May their experiences be built upon, their legacies last
 Into the future, for tomorrow, for the next 75 years plus
 To achieve Health for All, indeed for all of us.
 Thanks WHO for 7+ decades of work in which you can take
 pride,
 With numerous lives saved in many countries worldwide.
 Well done dear WHO, many congratulations to you,
 Bonne continuation, many happy and healthy returns too,
 WHO75, Health for All and Proud to be WHO.

IVANA KNEZEVIC, WHO



Long live the beauty of the WHO garden

Who is WHO?
World travellers,
eager to help and assist,
ready to nurture the sick,
strengthen the weak,
prevent and treat,
trained to survive and persist,
born to help while they exist.

Health is their world,
missions conducting,
dreams realizing
running, rushing,
flying, driving,
this is a calling,
a time for striving.

Organization of strengths
unified in willingness
to get things done
in 194 Member States.
Determined to eradicate,
and reduce sickness and death,
fighting for well-being and for health.

And as much as they do to heal,
much more is needed,
they always feel,
and continuing to provide,
for a healthier world they strive,
aiming for that global village
where everyone is encouraged
to help others to survive
and to live a decent life
no hunger anywhere,
clean water everywhere
and plenty of fresh air.

Peace, love and happiness,
hope, faith and cheerfulness,
truth, solidarity and righteousness.
And beautiful flowers that bloom
by understanding cultural differences.
And the colourful petals of all languages
steadily standing everywhere.
With the fruits of diplomacy
filling the green space
where nations sing
and offer the little things
that friendly neighbours bring.

So Happy 75th Anniversary WHO,
Many Happy Returns.
And, in a future shared,
a garden standing for a hundred years!





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L'impact de l'Art en santé et pour le bien être

L'alliance indispensable entre les sciences et l'art dans le domaine de la santé publique, apparaît comme une évidence. Il s'agit, pour les personnes, d'un des grands défis sociétaux et culturels de notre siècle.

ISABELLE WACHSMUTH, OMS

Un mouvement mondial de l'impact de l'art en santé et des objectifs du développement durable a pu être fédéré. Il permet d'organiser, chaque année, des expositions internationales inédites et immersives avec le public. Un mode novateur de collaboration et de cocréation est mis en place entre différentes institutions et organisations telles que les Nations unies à Genève et à New York, l'Académie Nationale en faveur des prescriptions sociales (National Academy For Social Prescribing, NASP) for Social Prescribing, le World Health Innovation summit, World Academy of Art and Science,

Smile Train et bien d'autres partenaires. Ce mouvement organique et ouvert permet de valoriser des artistes non conventionnels ainsi que des leaders portant des initiatives innovantes et leurs institutions/organisations respectives.

Certains artistes savent contribuer au bien-être des personnes, des communautés et de la société dans son ensemble. Ils ont la capacité de rallumer la créativité et la joie autour d'eux par la nature de leur création. Cette créativité, ils la portent en eux, de par la nature de leur parcours unique et atypique ainsi que grâce à leur enthousiasme à contribuer aux services désintéressés

aux personnes comme dans le domaine de la santé.

Saïd Raji

C'est le cas par exemple d'un artiste peintre marocain qui porte un regard d'une profondeur infinie sur des scènes de vie qui peuvent paraître anodines ou sans importances. Il révèle, par le prisme de son regard artistique, toute la quintessence même de l'humanité. Ce regard a été forgé par ses expériences en mode survie dans un quartier défavorisé de Casablanca pour devenir un hymne à la vie. Il rejoint cette quête universelle et commune de certains artistes qui souhaitent aujourd'hui contribuer



© Isabelle Wechsbaum

au support social et au bien-être des personnes par le biais du langage de l'art qui se passe de mots. Avec Saïd et son collègue musicien Mohammed Sofi de la fondation Mohammed VI, nous avons pu réaliser une fresque au son du saxophone et de la clarinette et retranscrire les vibrations sous forme de couleurs évoquant la beauté et la diversité du continent africain dans son ensemble, un hymne à l'inclusion, la diversité et l'universalité en faveur du bien-être des enfants affectés par les fentes labiales, leurs familles et leurs communautés.

Le Dr. Dimple Devadas est une conteuse, poète et artiste dite expérimentale à impact social, basée à Londres et récompensée à plusieurs reprises. Dimple est également médecin (généraliste et médecin spécialiste de la médecine du mode de vie, avec un intérêt particulier pour la médecine traitant l'obésité), c'est un coach créatif en santé psychologique et en leadership, oratrice et conférencière. Nous avons eu l'opportunité de cocréer ensemble une peinture murale lors du dernier forum en santé de Genève ou Geneva Health Forum de 2022.

Durant cette cocréation, nous avons pu nous inspirer du rythme de battements tribaux terrestres de la danse d'une artiste africaine. La combinaison de ces performances artistiques en direct permet une immersion du public dans le processus de

créativité et d'ouvrir un espace de rencontre unique avec l'audience ici du forum.

La réalisation de cette œuvre d'art vivante combinant peinture et danse de l'exposition fait partie de l'exposition «L'Art d'Être Vivant», une exposition d'art en faveur de la santé durable pour tous et de la santé planétaire. Dimple a proposé pour cette exposition, un poème à impact social, co-écrit avec la poétesse Dorothy Oger, «Stand for Health», ainsi qu'une installation artistique multimédia coproduite avec une équipe d'artistes vocaux communautaires et traduite dans plus de 10 langues.

Par la suite durant ce processus, une foule se rassemble autour de nous et participe à la dynamique de création. Certains vont alors partager spontanément leurs expressions et leurs pensées sur une toile blanche à côté de la nôtre. Aucun mot ne peut exprimer ou rendre justice aux émotions ressenties, si puissantes, aux pensées, si expansives. Nous peignons, nous exprimons avec des traits, avec des couleurs, en intégrant de manière transparente nos pensées, en unissant notre message. Des moments de mouvement entrelacés avec des moments méditatifs de calme. L'esprit s'installe, traite, intègre les nouvelles idées à mesure qu'elles émergent et témoigne du présent. «J'aimerais que vous soyez là» dira Dimple. Et dans ce

«Chaque action, mouvement et pensée découle inévitablement de la précédente, comme lorsqu'on joue du jazz. Tout votre être est impliqué, et vous utilisez vos compétences au maximum».

Dimple

cadre on perçoit alors de manière palpable à quel point la santé est notre cause, notre objectif universel et unificateur.

L'ensemble de ces artistes : peintres, musiciens, danseurs, écrivains (parfois aussi diplomates, scientifiques, etc.) identifiés, rencontrés et contribuant au mouvement de l'impact de l'art en santé et des objectifs du développement durable aux quatre coins du monde (Pérou, Colombie, Mexique, Maroc, etc) présentent les mêmes caractéristiques essentielles à savoir l'humilité, le sens inné du partage et de la générosité.

C'est ainsi que plus de 400 artistes qui ont répondu présents. Certains directement, auprès des patients au sein d'infrastructures de soins ou d'espaces communs auprès des communautés les plus vulnérables et isolées. D'autres ont participé directement à des expositions internationales sur des défis mondiaux et internationaux.

Le mouvement organique de l'impact de l'art en santé et des objectifs du développement durable vise à interpeller puis impliquer le visiteur par le biais du thème présenté sous la forme d'une histoire ou chemin de vie entraînant le regard et le positionnement des artistes, des leaders d'initiatives à travers le monde. Ce n'est donc pas seulement l'exposition d'éléments artistiques mais la mise en

lien de ces éléments pour raconter un parcours de réflexions et d'expériences sur un grand thème sociétal. Une problématique universelle interpelle chacun de nous et qui fait écho. Les œuvres sélectionnées présentent toujours la grande sensibilité des artistes permettant d'établir un lien relationnel humain basé sur des actions caritatives et ludiques aussi bien auprès des enfants que des personnes âgées. Ces liens indispensables à la vie guérissent et donnent l'espoir de cocréer ensemble. Il s'agit de permettre, dans différents endroits du monde, de créer des espaces pour exprimer sa créativité et sa connexion aux autres et inspirer la joie pour sortir de la souffrance, la précarité, des peines et envisager un avenir meilleur.

L'art est aussi un domaine de recherche, une façon d'explorer, d'interpréter et d'imaginer le monde. L'art parle là où les mots sont incapables d'expliquer. L'art fait partie intégrante de notre expérience humaine. Sous ses diverses formes - art visuel, musique, etc. il a cette merveilleuse capacité de remettre en question les schémas psychologiques, de modifier les perspectives, d'élargir les paradigmes, offrant ainsi des possibilités d'exprimer et de traiter toute une gamme d'émotions. ■



© Carla Edelembos

Cols routiers de Suisse (4)

Le col d'Oberalp

Le col d'Oberalp (nommé *cuolm d'Ursera* ou *Alpsu* en romanche), culmine à 2046 mètres d'altitude, il relie Andermatt au val d'Urseren dans le canton d'Uri à Tujetsch à la Surselva pas loin de Disentis dans le canton des Grisons.

CARLA EDELENBOS,
UN SOCIETY OF WRITERS

La première chose que nous remarquons en arrivant au col d'Oberalp, est un phare rouge. Mais que fait donc un phare ici en haute montagne, à 2048 mètres d'altitude?

En fait, proche du col, se trouve la source du Rhin et le phare est une copie du phare qui se trouve 1320 kilomètres plus loin, à proximité de l'embouchure de ce puissant fleuve situé sur la côte hollandaise, où le Rhin se déverse dans la mer du Nord.

Après des décennies de service, le phare original, datant de 1894 et situé à *Hoek van Holland*, fut converti en musée en 1983, spécialisé dans la signalisation maritime. Le seul phare des Alpes symbolise, de ce fait, le long trajet du Rhin et l'importance de ce fleuve pour le nord de l'Europe et l'étonnante symbiose entre la montagne et la mer. Chaque année, une personnalité suisse prend la fonction de gardien honoraire du phare d'Oberalp. Aussi, si cela vous tente, vous pouvez devenir propriétaire d'une clé pour avoir le droit de

monter sur l'escalier métallique étroit du phare. Comme indiqué par la fondation qui gère le site, cette clé n'ouvre pas seulement la porte du phare, mais aussi la porte de vos rêves...

Pendant des siècles, il n'y avait qu'un simple chemin muletier qui était utilisé par les habitants de la région et quelques marchands. Que le col fût fréquenté tôt dans l'histoire est évident par le fait qu'au début du Moyen Âge, la vallée d'Urseren appartenait déjà au monastère de Disentis à l'autre côté du col. Au 13^e siècle,



© Carla Esterbos



© Alfred de Zayas



© Carla Esterbos



© Carla Esterbos

des Walser alémaniques, qui avaient d'abord émigré depuis le Valais dans la vallée d'Urseren, passèrent le col pour s'installer dans la Surselva; autour de 1380, une minorité germanophone est attestée dans les villages romanches proches du col dans ce qui est maintenant la commune de Tujetsch.

Avec l'avènement du tourisme au 19^e siècle, des guides commencèrent à conduire leurs hôtes à cheval à travers le col. Malheureusement, le chemin était en mauvais état, surtout du côté d'Uri. Les guides se plaignirent auprès des autorités parce que le manque d'entretien faisait fuir les touristes vers d'autres régions. À Berne, on voyait l'importance du col pour la stratégie militaire de la Suisse et le gouvernement fédéral accorda, de ce fait, des subventions importantes

afin de développer une route carrossable. La route, construite dans les années 1862/63, a une longueur de 32 kilomètres entre Andermatt et Disentis. La traversée du col étant rendue facile, les touristes commencèrent à arriver à grand nombre pour découvrir la Surselva, ouvrant ainsi cette région au monde. Une diligence à cinq chevaux faisait un service régulier en été et augmentait encore plus la facilité du voyage. En 1921, le car postal a remplacé la calèche.

En 1926, le chemin de fer en voie étroite entre Andermatt et Disentis par le col d'Oberalp fut mis en service. Sa construction fut déjà entamée en 1911, mais la première guerre mondiale avait causé des retards. Au début, le train en vapeur ne roulait que pendant l'été, mais après l'électrification de la ligne en 1942,

le service est devenu régulier même en hiver, permettant le ferroutage des voitures quand le col est fermé pour la circulation. Le chemin de fer a grandement facilité l'accessibilité de la vallée d'Urseren et de la Surselva et ainsi contribué à leur développement. Le célèbre *Glacier Express* de Zermatt à Saint-Moritz fait aussi halte à Oberalp.

Cette accessibilité aisée rend le col populaire même en hiver quand la route est fermée. Il y a un petit domaine de ski alpin, avec deux pistes qui descendent sur le col. Les amateurs de la glisse qui veulent aller plus loin, peuvent accéder au domaine de Sedrun/Disentis par un télésiège rapide, ou au domaine d'Andermatt en prenant la télécabine. Les deux partent du col et donnent ainsi accès aux 180 kilomètres de pistes. Le col est aussi le point

de départ de plusieurs randonnées en ski ou en raquette. Attention quand même au risque d'avalanche!

Le lac d'Oberalp, situé sur le côté uranais du col, gèle tous les hivers, mais ce n'est qu'occasionnellement que le patinage y est possible. L'eau du lac est aussi utilisée pour l'enneigement artificiel des pistes environnantes. En été, le lac fait le bonheur des pêcheurs: des permis sont en vente à l'hôtel-restaurant Piz Calmut, et donnent accès à la pêche à la truite. L'hôtel-restaurant est ouvert été comme hiver et offre un accueil chaleureux par toutes les saisons.

Allons maintenant à la découverte de la source du Rhin! Nous prenons le sentier vers le lac de Toma, d'abord en suivant la route et la voie du train d'une petite



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distance, ce qui nous donne l'occasion d'admirer le Glacier Express qui passe. Pour la première demi-heure de marche le chemin est presque plat, ensuite le sentier commence à grimper pour arriver, après encore une heure de marche, au lac de Toma, situé à 2344 mètres d'altitude. Le nom en romanche, *lai de Tuma*, nous le montre déjà: c'est le lac de la colline, *tuma* en romanche. C'est un lieu idyllique, et le seul endroit où on peut traverser le Rhin d'une jambée! En sortant du lac, le ruisseau se déverse dans le vide: la première chute du Rhin! Nous avons envie de lancer un petit bateau en papier sur les flots rapides de ce ruisseau qui est le fleuve ici, mais pas de chance, il coule toute suite! Triste naufrage... Nos yeux se régalaient à la vue de ce paysage sauvage et rocheux, où poussent des rhododendrons en fleurs, des gentianes, et des linaigrettes près de l'eau et plein d'autres fleurs dont je ne connais

pas le nom. L'eau du lac est potable et le paysage est reconnu d'importance nationale. Seulement les plus audacieux se baignent dans la source d'origine glacière.

À la fin du 18^e siècle, le lac de Toma avait été désigné comme la source du Rhin par Placidus a Spescha, un naturaliste et moine bénédictin du monastère de Disentis. Néanmoins, les mesures de la longueur du fleuve démontrent que cette source du Rhin se trouve plutôt dans le lac Scuro en Tessin. En fait, l'affluent du Rhin qui commence au lac de Scuro compte 5 kilomètres de plus que la branche du Rhin qui sort du Lac Toma. Appelée Rhin de Medel, il traverse le lac de barrage du col de Lukmanier pour rejoindre 'notre' Rhin tout près de Disentis. Peu importe, ici au lac de Toma, une grande pierre matérialise la source officielle du Rhin, donc nous laissons nos doutes à côté!

Pour le retour vers le col, si on ne veut pas prendre le même chemin, on peut d'abord monter pendant une demi-heure de marche vers la cabane Badus CAS qui offre en été restauration et 20 places dans des dortoirs. Une autre cabane, celle de Maghail CAS, se trouve un peu plus loin dans l'autre direction et est ouverte même en hiver. Elle peut accueillir 80 personnes. Après avoir profité d'une pause sur la terrasse de la cabane Badus, nous continuons de monter vers le Pazolastock à 2739 mètres d'altitude, dans un paysage granitique. En reprenant notre souffle, nous profitons de la belle vue sur les alpes uranaises et la vallée de la Surselva en bas. Ensuite le sentier descend et bientôt, nous traversons de nouveau des prairies fleuries pour arriver au col.

Après cette marche de quatre heures et demie, nous sommes contents de trouver une place sur

la terrasse du restaurant Ustria Alpsu, qui offre des spécialités des Grisons, été comme hiver. On se régale de *pizzoccheri*, *capuns*, et les délicieux desserts. Ça donne un goût des Grisons, et on a envie de commencer à apprendre le romanche, mais pour l'instant, on se contente de la salutation locale «*Allegra!*» qui nous met toute suite de bonne humeur! ■

Pour plus d'informations:

Le phare original et son musée:

<https://kustverlichtingsmuseumhoevanholland.nl>

Le phare au col d'Oberalp:

<https://leuchtturm-rheinquelle.ch>

La cabane de Maighel: www.maighelshuette.ch

La cabane de Badus: www.badushuette.ch

Pendant trois dimanches d'été, il y a un marché des produits locaux et d'artisanat au col:

<https://alpinavera.ch/passmaerkte-2023>

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Nous serons toujours ravis de lire vos réactions. Les réponses intéressantes, parfois mêmes ingénieuses et constructives seront publiées dans le magazine. Souhaitez-vous soumettre un article, un sujet? Vous pouvez nous contacter quand vous le souhaitez.

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Garry Aslanyan – newSpecial
OMS, 20 av. Appia, CH-1202 Genève, Suisse
Par courrier électronique: info@newspecial.org

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Send your thoughts to:

Garry Aslanyan – newSpecial
WHO, 20, av Appia CH-1202 Geneva, Switzerland
By email: info@newspecial.org



newSpecial
WHO, office 4139
20 av. Appia
1202 Genève
info@newspecial.org

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Éditeur / Publisher
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C.E.P.S.A.
Quai Gustave-Ador 42
1207 Genève
T. +41 22 700 98 00
cepinfo@bluewin.ch

Graphisme / Design
Atelier Schnegg+
Michel Schnegg
Rue du Simplon 5
1207 Genève
T. +41 22 344 72 90
www.atelier-schnegg.ch

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