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UNIQA Partenaire du G.P.A.F.I.
Pour nous tous qui travaillons dans la Genève internationale, la capitale de la diplomatie, nous avons parfois du mal à expliquer à nos familles et à nos amis le travail que nous accomplissons. J’ai passé une partie de ma carrière au sein du gouvernement canadien, à présent je travaille à l’OMS. Il arrive souvent que l’on me demande si mon travail consiste à fournir des services de santé aux personnes ou s’il consiste à rédiger des textes en vue de négociations diplomatiques qui contribueront à l’amélioration de la santé publique. À cet effet, le terme diplomatie de santé globale a été introduit, mais si la diplomatie est en rapport avec la négociation et la politique étrangère, comment s’applique-t-elle à la santé dans le monde actuel? 

Dans ce numéro spécial, nous essayons de démystifier le terme, en donnant des exemples académiques, politiques et pratiques afin de mieux définir la forme que prend la diplomatie de santé globale et vous donner une idée de la direction qu’elle prendra dans les années à venir. Ce numéro pourrait même vous aider à expliquer à vos amis et votre famille le travail que vous faites réellement.

« Ce que la santé maternelle, la vaccination, ou la lutte contre le VIH/sida ont à faire avec la politique étrangère? Eh bien, ma réponse est tout. »

Former US Secretary of State
Hillary Clinton


Magazine of the international civil servants of the United Nations at Geneva and of the World Health Organization

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Hillary Clinton
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- le Réseau des urgences genevois
- les consultations médicales
- l’actualité des HUG
Interview with

Professor Ilona Kickbusch,
Director, Global Health Programme, Geneva Graduate Institute

GARRY ASLANYAN, WHO

As we planned this issue of the magazine, the question of what we mean when we say global health diplomacy (GHD) came up frequently. How do you usually describe it that gives people a good sense of?

Global Health Diplomacy is about three things: first, it is about negotiating for health outcomes that save and improve people’s lives in a global world; this usually is conducted in the face of many other interests in the context of international organizations. A good health diplomat will aim to negotiate solutions that support health and equity. Second, it is about using health as an entry point to improve the relationship between people and countries. This can take many forms and is usually bi-lateral; examples are the Cuban and Chinese doctors going to developing countries, the United States investment in PEPFAR (The United States President’s Emergency Plan for AIDS Relief) or new approaches to South-South cooperation in health. Third it is about using health as a bridge for peace and enabling health and humanitarian action in times of war and crisis – such as the recent polio immunization in Syria.

Have you seen increased interest in learning more about the GHD and if yes, who wants to learn more? Why is this happening?

In a global world, health has increased in its political importance: it is part of the security, economic and social justice agenda. It is integral to development. From that follows a much greater awareness of the importance of GHD from diplomats. Its relevance is increasingly being recognized in foreign ministries and we have the Oslo Ministerial Declaration which states that health should be a goal of foreign policy. One indicator: a few years ago there were 5 health attaches in country missions in Geneva, now there are about 30. Health experts are also realizing that they need to understand the processes of negotiation better in order to get political commitment for health. And there is great interest from the many new stakeholders in global health – they want to be part of the decision shaping process and to do so,
they need to better understand the system of global governance and the methods of diplomacy.

How does the Graduate Institute work on promoting GHD principles? Who are your partner institutions or governments?
We have developed a capacity building approach to GHD which we tailor to different countries, organizations and participants. We have now trained over 1000 people through our courses in cooperation with countries such as China, networks such as the South East European Health Network and academic institutions such as Fiocruz, Brazil. We work with the WHO at global and regional and country level training staff and conducting seminars for representatives from ministries of health and foreign affairs. We run specialized courses (for example on intellectual property and health), we have developed online training and most recently offer our flagship course in both English and French. We hope to start a close cooperation with Russia soon. We have also published broadly on GHD and do research on the development of global governance as it relates to health. We try to ensure that our courses have participants from different sectors, that the faculty includes both practitioners of diplomacy as well as academic experts and that we work with organizations of excellence in the countries concerned. There is no fly in – fly out.

Which countries have adopted a GHD approach to their foreign or global health policies and why? Which countries use GHD for political/domestic goals and what are they?
We work from the principle that good global health begins at home. Most global health negotiations are intersectoral in nature and increasingly the foreign and the domestic health agenda overlap. This means that countries need to have prepared well “back home” before they enter negotiations at the global level – for example on access to medicines or on non-communicable diseases. We suggest that this should also include discussions with civil society, academia and the private sector. Some countries have begun to address global health more strategically with the involvement of many sectors and have formally adopted “National Global Health Strategies” – they include Switzerland, Japan, UK, USA and more recently Germany. Other countries – like Norway – have taken the debate on global health priorities to Parliament. Others – like the BRICS countries (Brazil, Russia, India, China and South Africa) – are still in a process of exploration and reflection, but they clearly see the potential of health as a soft power strategy. And a range of developing countries still need to build the institutions of governance – for example strong departments for global health cooperation in the ministries of health – before they can address issues of coherence with other sectors. We work with countries at all these levels of development.

As negotiations gear up on the post-2015 agenda, and with the foreign ministries playing a bigger role in GHD, what can be done to sensitize non-health people to GHD? What could UN civil servants do?
The post-2015 agenda will be one of the most important political spaces to strengthen global health. Advocates will need to provide the diplomats negotiating the post-2015 priorities with well prepared briefs and evidence on how health is a precondition, outcome and indicator of sustainable development. This dialogue needs to happen at all levels of governance in two directions: 1) from health to foreign policy by briefing diplomats in the capitals, at the key venues of negotiation of global and regional organizations (like Geneva, New York, Addis Ababa, Brussels), briefing the Sherpas of the major fora of club diplomacy like the G7/8, G20, G77, BRICS and MINTs (Malaysia, Indonesia, Nigeria and Turkey); 2) and from foreign policy to health by helping people from the health sector as well as NGOs and other stakeholders understand the processes of negotiation at the UN. We hope that foundations and donors will recognize the need to support these processes and in particular help LICs to be well prepared for the negotiations.

How do you see the future of this field in the next 5 or 10 years? Where are we headed?
The key determinants of health lie outside of the health sector. In global health we have taken a first step in better understanding the social determinants of health – in order to address them we now need to deal more systematically with the political and commercial determinants of health. Diplomacy is no longer conducted by professional diplomats only – indeed today everyone can be a health diplomat; particularly as diplomacy is adopting new methods by using social media. Schools of public health as well as schools of diplomacy should be teaching global health diplomacy because we will need more rather than less diplomacy in the years to come. The key political challenge of the next 10 years – also linked to post-2015 – will be the negotiation of global public goods. We need to enable health diplomats who will ensure that in a global world no one is left behind, that we have strong systems of global solidarity and cooperation and that we ensure not only the health of people but the health of the planet.
Diplomatic negotiations can often be hard and tense. With the BMW ConnectedDrive Remote Service in your new BMW 5 Series you can now, for instance, set the interior temperature before you even leave the room. And when you reach your car, you can finally cool down – before the engine heats up again. Find out more about BMW Diplomatic Sales at www.bmw-diplomatic-sales.com

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What are the history and the origin of the International Civil Defence Organisation?
The history of the International Civil Defence Organisation, dates back to the beginning of the 30s, when the International Association “Geneva Zones” was created. It was one of the first international organisations in the sphere of protection of the civilian population.

Here are the landmarks of ICDO history:

1931 – The Association of Geneva Zones is founded in Paris by the French surgeon-general Georges Saint-Paul. Its aim is to create neutralized zones or open towns in which some categories of the civilian population (women, children, the sick and the elderly) could seek refuge during wartime. It aim is also to protect historical monuments and cultural assets.

1937 – The headquarters of the association moves to Geneva, where it gets the name of the International Association of Geneva Zones and later the International Association for the Protection of Civilian population and Historic Buildings in Wartime.
1958 – The International Association of Geneva Zones becomes the International Civil Defence Organisation (ICDO) and is given new statutes of the nongovernmental organisation. It is assigned the responsibility of establishing liaison between national civil defence organisations, undertaking and promoting studies and research on population protection matters and facilitating the exchange of experience and the coordination of efforts in the area of disaster prevention, preparedness and intervention.

1972 – Present Constitution enters into force. It attributes the status of non-governmental organisation to ICDO.

1994 – Adoption of the Universal Declaration on Civil Defence by the World Conference on Civil Defence held in Amman, Jordan, on 3-5 April. The Declaration calls on Governments to consider that the very concept as well as the definition of “Civil Defence” should be understood to encompass all humanitarian activities related to protecting the population, their property and environment against accidents and disasters of all kinds.

2012 – The International Civil Defence Organisation commemorates its fortieth year of existence as an intergovernmental organisation with its headquarters in Geneva.

How can you describe the goals of ICDO? Could you tell us about the achievements of the organisation?

Our main goal is to strengthen and to improve the national civil defence structures of ICDO member states and we are very effective and successful in this work. There are currently fifty two members. Preparation of civil protection specialists is the most effective way to prevent catastrophes, to be prepared to face them and to combat them. We also provide technical assistance to strengthen the material base of civil protection structures.

International training courses are organized by the most sophisticated and...
professional institutions in Algeria, Tunisia, Jordan, Russian Federation, Kyrgyzstan, Belarus, Cameroon, Senegal, Switzerland and in China. In the framework of its programme aimed at the development of national civil services of civil defence IOCD has established partnership relations with different countries, especially Switzerland. These countries donate a variety of civil defence material and equipment. Since the introduction of this programme 17 countries have received this type of aid. Among them Burkina Faso, Cameroon, Senegal, Mauritania, Palestine, Mongolia, Mali, Jordan, Gabon, Soudan, Côte d’Ivoire, Nigeria, Guinea, Benin, Pakistan, Lebanon, Bosnia and Herzegovina.

**Does the civil protection change with the evolution of the international context?**

Yes, civil defence has evolved in many ways. If earlier it was, first of all, about protective services in time of war and armed conflicts, today civil defence specialists more and more have to rescue people affected by natural disasters or man-made disasters. And their number increases in a catastrophic way. Sorry, for perhaps not a very good pun, but you do not have to be a specialist in this area to see it. Today, therefore, the civil defence experts are focusing on problems of disaster prevention, and timely and effective response.

**How important is the cooperation between States and what contacts do you have with the organizations based in Geneva? Do you have any joint projects?**

In accordance with the ICDO Charter the goal of the organisation is to establish and maintain close cooperation with all organisations and institutions entrusted with the task of protecting the population. It was on the initiative of ICDO that the Framework Convention on Civil Defence Assistance has been worked out. This convention aims to promote cooperation between countries in the field of civil defence, at the disaster prevention phase and during the rescue operations.

We established good working relations with such international organizations as the United Nations’ Office for the Coordination of Humanitarian Affairs (OCHA), the International Search and Rescue Advisory Group (INSARAG), the World Health Organization (WHO) and the United Nations Development Program (UNDP) and we cooperate in training and development programs in various regions of the world.

We continue to negotiate with the international organisations and UN agencies in order to combine efforts to achieve common goal in the field of humanitarian aid and disaster relief to the victims of the catastrophes. To this end, ICDO has launched an appeal for the inclusion of the objectives of civil protection / defence of Millennium Development Goals, we suggested to make them part of objectives for the second phase.

We also cooperate closely with Switzerland. I have told you that for many years, we are implementing a joint program of technical assistance.

The Ministry of the Russian Federation for Civil Defense, Emergencies and Elimination of Consequences of Natural Disasters (EMERCOM of Russia) became an indispensable partner of ICDO. The ICDO and its member states are participating in numerous projects undertaken by EMERCOM of Russia.

ICDO continues to receive requests from organisations; societies and universities specialized in civil protection wishing to take part in the Organization’s activities. ICDO works out plans to organize these efforts under the umbrella of the Organization with the aim of promoting international cooperation in the field of civil protection. Negotiations are currently under way with Spain, France, Italy, UK, Thailand, India, Malaysia, Portugal, Norway and the African Union.

**What are your future challenges?**

We plan to begin active cooperation with regional bodies such as the European Union, the African Union, the Shanghai Cooperation Organisation, the BRICS and other regional organisations. ICDO will introduce modern forms of training, such as distance learning. Distance learning program will be launched in the ICDO regional centers in Amman (Jordan) and Tunis (Tunisia).

We’ll have in the near future to implement a very complex and demanding task. An International Information and Coordination Center will be created in the ICDO headquarters in Geneva. This center will become a permanent mechanism for monitoring natural disasters for all member states. It will receive information about all recorded natural disasters and major accidents in the world and forward it to ICDO member states. In addition, the International Information and Coordination Center will be in constant contact with all the international organisations and centers for monitoring and surveillance of disasters. Thus, a real opportunity to coordinate the activities of these agencies and to provide effective assistance to the population in case of natural disasters and catastrophes will be realized.
Interview with Diccon Bewes, bestselling author and a Swiss watcher

I first saw a review of Swiss Watching by Diccon Bewes in the Swiss airline’s inflight magazine and immediately ordered it. I am usually a slow reader, so I finished the book in a matter of days. Late last year, I went to a launch of his new book Slow Train to Switzerland in Nyon and asked if he would grant UN Special an interview to discuss his work. I am glad he did.

DICCON BEWES, WHO

Diccon, thank you for agreeing to do this interview. Did you start writing after moving to Switzerland? How did you arrive at the idea of writing on Swiss life?

I was a travel writer for many years before I moved here, first with Lonely Planet guidebooks and then with Which? travel magazine in the UK. Travel writing was a great job but one which needed a lot of time and enthusiasm and after ten years I decided I needed a change. So I decided to come to Switzerland, live with my partner (he is Swiss), learn German and see what happens. Nine years later I’m still here, still trying to perfect my German and still watching the Swiss. But there was no eureka moment when I decided that I had to write about this country. It was more gradual than that. I got a job as manager of the English Bookshop in Bern and realised that the book I wanted to read didn’t exist. I decided to think about what that book should be – a biography of the country from an outsider on the inside. It wasn’t just because I missed my writing life but also because Switzerland and its people are endlessly fascinating, and sometimes frustrating! The result was Swiss Watching, which went on to be a No1 bestseller and Financial Times “Book of the Year”.

You do a good job in reflecting experiences of foreigners in Switzerland. Do you think the experiences of international civil servants in Geneva are any different?

That’s hard for me to say but I can imagine that it’s different in that it’s easy to live your life in an expat bubble. Since my book was published, I’ve received emails from expats who feel that they aren’t connecting with Switzerland and the Swiss. It takes

DICCON BEWES, WHO
an effort from both sides and if your whole life is in English with other expats, then it isn’t easy to integrate. I know that expats in international companies in Zurich face the same challenge. I had the opposite experience, because my partner is Swiss, all of our friends are Swiss and there was no bubble for me. I had to learn German and actually had to seek out other English speakers! Like most things in Switzerland, friendship is taken very seriously here so it can take time to make Swiss friends. But once you have found them, they will be with you for life, not just for Facebook. So be patient, learn the language and accept that not everyone will welcome you with open arms. And remember to follow the rules!

What do you know about international Geneva and the UN?

For me international Geneva is actually very Swiss in that is all about talking to each other to find a consensus. That’s how Switzerland works, because my partner is Swiss, I have been to Geneva many times in the past but only once to the UN buildings. But I studied international relations at London School of Economics so I think I know what the UN is about, at least in theory.

Geneva was the first stop on Thomas Cook’s pioneering tour of Switzerland, the subject of your new book. What gave you the idea to write Slow Train to Switzerland?

I read a diary written by a woman who’d been dead for over 100 years. She was one of the participants of Thomas Cook’s first tours of Switzerland in 1863 and her diary is a wonderful record of that pivotal moment in social history. So I decided to take Miss Jemima’s diary and retrace the same route to see how much had changed. I wanted to understand what those early tourists had to put up with – 18-hour days, no toilets on the trains, hiking in big dresses – but also discover how much that tour changed the way we think about travel. It was a real adventure at that time for Victorians to see the Alps and it was exciting for me to follow them, even if I didn’t wear a Gone with the Wind dress to do it.

I have a feeling Slow Train is not just about the discovery of Switzerland by British tourists, but almost a history of global tourism.

Yes. That tour was the first holiday abroad for middle-class Britain and it started the modern travel industry as we know it. Switzerland was such a success for Cook that within a few years he had added Italy, Nile cruises and India to his programmes. He became a global brand, invented travellers’ cheques and made foreign travel easy for average people. Up until then, travelling abroad had been reserved for the rich elite; following Cook’s success, travel abroad was something that almost everyone could achieve and afford.

Many of our readers work with countries where such industries as tourism are still new and developing. In a way Slow Train is a testament that a poor landlocked country could use tourism as a start-up to develop a whole industry around it. What can small countries learn from Switzerland’s experience?

Switzerland was the birthplace of modern tourism, and it was that tourist industry that became one of the foundations of Swiss economic success. It was tourism that brought people (and their money) into the very poor rural areas, making it financially viable to build train lines and hotels, which in turn benefited the whole economy, providing rural people with much-needed jobs and linking the country via a much-used rail network. That would be harder today. In Switzerland’s case it wasn’t always big multinationals or foreign capital that developed and built the infrastructure but Swiss companies with Swiss money and workers, so that the local benefit was immediate. Britain supplied much of the expertise for the early railways but the later tourist boom was very much a Swiss affair. Would that be possible today? That is the goal of sustainable tourism, so that it’s not only global brands that benefit. And of the desire for slow travel, be authentic, offer something real but different, involve local businesses, and all the while compete on price and value. It’s quite a challenge.

Lastly, what are you working on now?

I’d like to delve deeper into Swiss history because it’s so different from that of its neighbours. With no empires or dictators, it really has been a collection of communities from the beginning. So I’m working on presenting that unique story in a unique way.

For more information or to order books by Diccon Bewes, please visit his website at www.dicconbewes.com/about-the-books/ The books can also be found at Off the Shelf and Payot bookstores in Geneva.
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The International Health Regulations
Local action with a global impact

Mimi works for the Department of Health in Guiuan, a municipality in Eastern Samar province of the Philippines which is still recovering from the aftermaths of the super typhoon Haiyan. Her job during the first three months after the typhoon hit, has been to gather information on patients receiving treatment in all the health care facilities in the area on a daily basis and to make sure that any unusual patterns of illness observed are addressed.

ISABELLE NUTTALL,
DIRECTOR, GLOBAL CAPACITIES,
ALERT AND RESPONSE, WHO

For instance, when she began receiving information on several patients with acute watery diarrhoea who were from the same village, she alerted the surveillance team with mobile phone short messages (SMS). The surveillance team found out from their investigation that the likely source of illness was the contaminated water the people consumed from a ground well.

The surveillance team alerted the authorities concerned at the Provincial Health Office, who then arranged for provision of water purifiers, water containers to store clean water and communications campaign to raise awareness in the community. The information was communicated to the Department of Health in Manila, and shared with WHO.

This kind of work happens on a daily basis in different corners of the world and it is fundamental to protecting the health of the global community.

As the world becomes smaller with travel and trade, so has the capacity of bacteria and viruses to move from one place to another, causing nasty illnesses, thus threatening the global health security. A public health threat in one country could put the global community at risk within a short span of time. People, animals for farming and food move from one...
corner of the world to another all the time, very quickly. With this, microbes and diseases which have never been seen in certain parts of the world can also move rapidly to other areas.

Countries across the world need to work together to prepare for dealing with new pandemics and health threats in a way that minimizes the impact on travel and trade. Results are visible at the country level. However, this is a work in progress. The International Health Regulations (IHR 2005) is a catalyst for strengthening existing public health systems in different countries for long-term benefits. It is an instrument that binds 196 countries together to help the international community to prevent and respond to acute public health risks that have the potential to spread across borders and threaten people worldwide.

WHO, as the secretariat of the IHR (2005) and the international agency responsible for the global coordination of alert and response, facilitates timely sharing of information for public health action through the Event Information Site (EIS). This web-based platform is used to inform, alert and provide risk assessment for a situation in one country or region which could have health implications globally. The EIS represents only a proportion of events WHO tracks and follow-up on a daily basis. WHO systematically gathers information from official reports and rumours from a wide range of sources as part of the epidemic intelligence, in order to obtain a comprehensive picture of the epidemic threat to global health security.

WHO also coordinates assistance to countries in the form of technical advice to build the required capacities, and support for investigation and response by drawing on experts from within the WHO system and from the Global Outbreak Alert and Response Network (GOARN). GOARN is a collaboration of over 300 technical institutions and non-governmental organizations which has demonstrated successful coordination of multidisciplinary international response teams who can be deployed within 48 hours.

The IHR (2005) is seen as a unique opportunity for countries to work together towards strengthening the existing structures and systems at national, regional and international levels, to deal with the increasingly complicated health challenges we face today.

Countries aimed to be ready in 2012. Although considerable progress has been achieved, several Member States will request in June 2014 two more years to continue improving the way they prevent, detect and respond to public health threats. It is action taken by various health authorities at the local level in different parts of the world, with international support that will have an impact on the health of the global community.
How to keep your fears from holding you back

All of us have fears and anxieties. Some are adaptive and rational emotional responses, but mostly they do nothing but create huge mental barriers that block us from moving forward in life or feeling better about ourselves. Andrew Sharman, a chartered safety practitioner with 20 years of experience in organizational leadership recently conducted at WHO Headquarters, an Interactive Masterclass Workshop on “Personal Leadership: Fear, Authenticity & Values”.

VERONICA RIEMER, COMMUNICATIONS OFFICER, WHO STAFF ASSOCIATION

Andrew led a personal journey through the evolution of fear, with illustrations for turning fear into a positive, driving force for better results in life. The workshop was a resounding success. “Andrew was superb in getting everyone involved in his subject” said one participant. “A great interactive speaker”. “I learned that fears are OK” said another participant. “We just have to learn how to deal with them and then master them”.

Veronica Riemer, Communications Officer for the WHO HQ Staff Association, asked Andrew to share his wisdom on how to keep our everyday fears at bay.

Why does a Chartered Safety Practitioner with a Master’s degree in international health & safety law and environmental law lead workshops on overcoming fear?

Working in the field of occupational safety and health I’ve learned that relying on laws and regulations alone is insufficient for driving sustainable, positive change. After my Master’s in law, I did a Master’s degree in industrial psychology and organizational behaviour. Through research, I understood that our behaviours shape the culture of an organization. Understanding what causes particular behaviours is crucial to building robust cultures that support individuals to be the best we can be. It is often our fears that hold us back from contributing fully at work and achieving our goals. Learning to handle my own personal fears (of the water) has allowed me to experience some amazing adventures, such as swimming with the great white sharks – and I’m excited about sharing my techniques with others.
Why do you think people fear change?
In this fast-paced world, change can often seem like almost everything is in a state of flux. Back in 1859 Charles Darwin pointed out that it’s not the strongest of the species that survives, but the one most adaptable to change. This imperative resonates strongly today. But change can create strong feelings of concern in many of us as we fear the uncertainty of the future moving towards us. It’s how we deal with these feelings that becomes of critical importance.

How does this impact on our professional lives?
The lines between our professional and our domestic lives have become blurred as our world gets busier and busier. Many of us now find ourselves working from home, on aeroplanes, at weekends, and at times that suit the requirements of the task in hand. Humankind has an inherent natural desire to serve and support – so we undertake our work with a sense of gusto as we seek to satisfy our own internal desires and feel valued. The challenge is how we balance our professional activities with our personal needs.

As UN staff, many of us find ourselves travelling or moving away from the security of our homes, family and friends. Such challenges can create more anxiety – how can we approach this with a positive and confident mind-set?
The world is certainly getting smaller – over the last two decades improved transportation infrastructure and cheaper air travel has meant that travelling or moving abroad for work has become commonplace. When we shift out of the security of our home environment, our brains assume a sort of ‘autopilot’ to help us cope with the change we face. The brain defaults to raising ‘What if?’ questions to help us assess the situation; questions like ‘What if it’s difficult?’ ‘What if we can’t understand the language?’ ‘What if my family can’t settle?’ These questions narrow our perspectives and force us into a negative paradigm, causing us to fear and worry even more. We need to find a way to manage our worries and fears so that the power of their negativity is controlled and doesn’t get in the way of achieving our objectives, plans, hopes and dreams.

Can you share with us any simple but effective techniques to manage our internal fears and worries?
A very simple but powerful technique is that when we realize that the ‘what if?’ questions are starting, to simply flip them over by asking ourselves ‘What if I could?’ For example, ‘What if I could speak the language?’ and then imagining all of the positive things that would result. As a child I had a tremendously strong fear of water. Despite this, I was fascinated with sharks and would spend hours daydreaming...
about the subsea adventures I would have with these amazing creatures.

As I grew older I knew that I would never realize my dreams if I allowed my brain to focus on ‘what if I sink?’ and ‘what if I drown?’. So I flipped the question over to ‘what if I could swim like a little fish, could I get close to some amazing sharks?’ This gave me a positive focus, and subsequently I found ways to conquer my fears, learn to swim and eventually found myself in very close proximity to the oldest species on our planet. Swimming with sharks has developed into a real passion for me, but from time to time my fear of the water still returns. I’ve come to realize that it’s not about eliminating fear, but instead finding ways to master it in order to achieve our dreams and aspirations.

Can you suggest ways of dealing with people in our work or private lives who we fear?

It’s key to understand why we think we feel fear – it is a very powerful tool for breaking down the fear itself. When it comes to other people, bear in mind that behaviour is typically all worrying about worries and fears. And we’re how you would respond if you the other person. Ask yourself the consequences and your response to behaviour and your response to unrelated to you. Realizing this in something entirely in another may be caused by anger or rudeness you perceive a specific stimuli or event. The It’s key to understand why we think we feel fear – it is a very powerful tool for breaking down the fear itself. When it comes to other people, bear in mind that behaviour is typically all worrying about worries and fears. And we’re how you would respond if you the other person. Ask yourself the consequences and your response to behaviour and your response to unrelated to you. Realizing this in something entirely in another may be caused by anger or rudeness you perceive a specific stimuli or event. The

You have control over your behaviour and your response to the other person. Ask yourself how you would respond if you didn’t feel fear in this situation. Remember that we all have worries and fears. And we’re typically all worrying about the same things too – things like health, happiness, security, stability, and fulfillment. The next time you find yourself facing someone for whom you feel fear, remember that they, like you, want to be happy but perhaps inside they are actually worried about why you always seem to appear nervous when you’re around them.

How does our state of mind impact on our physical health?

Our mental state governs the physical. When we feel happy in our minds, our bodies respond. Our step becomes lighter, our breathing slows and becomes deeper, and we are at ease. Even in difficult times, we can synthesize happiness and ‘trick’ our bodies into feeling good. Try this simple exercise. Choose some chocolate and place the packet on the flat of your hand. Look at it carefully. Open the wrapping slowly, inhaling deeply the aroma. Break off a piece of the chocolate and examine the treat. Now place it in your mouth, slowly allowing it to melt on your tongue. When the chocolate has melted in your mouth, let it trickle down your throat slowly. When the flavor has left your mouth, break off another piece and repeat the exercise. How do you feel? If a simple piece of chocolate can have this effect, just imagine what it could do if you ate some next time your anxieties or fears came along…

Andrew Sharman has recently appeared at a TEDx event in Lausanne. Watch a video of Andrew’s TED talk here: http://youtu.be/B7-DQFvD5ck

www.andrewsharman.com

The Coordinating Committee of International Staff Unions and Associations (CCISUA) of which I was recently elected President, has made the promotion of staff rights during the compensation review, its priority for this coming year. We have been playing an active role in the deliberations of the ICSC and are pleased that it has been able to see, both from its studies and our evidence, that UN compensation broadly matches that of expatriate civil servants and that our pay is not outlandish as earlier claimed by the US Government.

However, this doesn’t mean that we should let our defenc-es down. This year we will be commissioning research into the issue and campaigning on the matter. It seems particularly galling that at a time when our colleagues are being attacked and killed in the field, member states should be running after us with a pay cut.

Pension fund

We were quite shocked to learn of moves by the Pension Fund CEO (apparently this title exists at the UN) to strip its 230 staff of their UN contracts and the

May 2014

Staff representatives corner

From salaries to the children’s Easter party, what are we doing to defend you at work. After all, you spend most of your working hours at the office...

IAN RICHARDS, EXECUTIVE SECRETARY, UNOG STAFF COORDINATING COUNCIL

Salaries

The International Civil Service Commission (ICSC), which sets our salaries, allowances and benefits, is currently in the middle of a review of our overall compensation to see whether it remains competitive, whether it’s the best for the environment we work in and whether it could be simplified.

It was asked to do this by the General Assembly. At the time the GA asked that the exercise be cost-neutral. However, quite a few of the larger donor countries are pressuring the ICSC to use this as an exercise to reduce overall compensation. Interestingly, some of those same countries, such as the US, UK and Germany, have just awarded their civil servants pay rises. And overall, the global economy is on the way up. This just shows how far this review is from reality and how much it is being driven by those who may not best appreciate the work and sacrifice of colleagues, many who work in the world’s most dangerous locations.
safeguards that these afford-ed, and limit their contracts to the pension fund only. These changes were expected to be fully implemented by June.

If implemented they would allow the CEO to circumvent UN rules on recruitment and promotion and more easily promote favourites at the expense of others. When it comes to managing our $52 billion of retirement earnings, we need Fund staff to be independently minded and recruited according to strict and professional criteria, not subject to undue pressures. Combined with the anecdotes we have heard from the many Fund staff and members of UN administration who have spoken to us, we should have good reason to be worried.

In trying to rush these moves through, the CEO has also been overstepping his mandate. Some months back, the General Assembly asked the Pension Board to send it proposals on how the Fund could better recruit from the private sector. Members of the board had been expecting to put together some proposals at their meeting in July. They were not aware, and nor was the General Assembly, that they would instead be presented with a fait accompli. But let’s hope they won’t be.

In brief
Language teachers
Some of the language teachers in the Bocage building have been working for up to ten years on consultancy contracts. No holidays, health insurance or pension. We don’t think that’s right either and we’re taking it up.

Continuing appointments
Check your status in Inspira, especially if you’ve taken special leave without pay or moved in from the field in the last few years. Some of you may have fallen through the cracks and we’ve had a few inquiries on this.

Internal justice tax
If you’re wondering why you’re being charged a new tax on your payroll for the Office of Staff Legal Assistance, it’s because you didn’t opt out in time. If you want to know how to opt out of this new tax, go to https://www3.unog.ch/P.36. Whether you pay the tax or not, you will still have access to OSLA for legal assistance.

We encourage you to opt out as staff should not have to pay for justice.

Fitness space
We’re working hard to get the 8th floor fitness space back so that the fitness club doesn’t have to use the security gym. We’ve also found temporary space for the dance club and table tennis club.

Children’s party
With the Assembly Hall closed for renovations this year, the children’s party was postponed to Easter. Highlights were an Easter egg hunt in the park, a giant rabbit and the Sonia Grimm show, popular with fathers, mothers and children alike. Hope you enjoy the pho-tos.

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World’s most populous region declared polio-free
A giant leap towards global eradication of polio

Last week, the WHO South-East Asia Region, home to a quarter of the world’s population, was certified polio-free by an independent commission, a historic milestone in the worldwide effort to end polio. The 11 countries in the region are home to 1.8 billion people and represent the fourth of six WHO regions of the globe to be officially certified polio-free.

India, once deemed the most difficult place to end polio, recorded its last case on 13 January 2011, enabling completion of regional certification. Other countries of WHO’s South-east Asia Region such as Sri Lanka, Maldives and Bhutan had been polio-free and waiting for this day for more than 15 years.

This most recent region to be certified as polio-free pulls together countries as diverse as Bangladesh, Bhutan, Democratic People’s Republic of Korea, India, Indonesia, Maldives, Myanmar, Nepal, Sri Lanka, Thailand and Timor-Leste – with every kind of climate and terrain, every sort of demographic and social conditions, and the full spectrum of political situations imaginable. Together, these countries held vaccination campaigns that reached more than a billion children over 17 years, in every home from the busiest city street to the remotest rural corner of southeast Asia, through the dedication of millions of community health workers and volunteers. Between 1995 and 2012, these countries conducted
189 nationwide immunization campaigns across the region and administered more than 13 billion doses of oral polio vaccine between them.

These numbers represent generations of children who will grow up without the fear of the sudden and permanent paralysis caused by poliovirus. But they also represent a whole new way of delivering health services to some of the most vulnerable communities in the world. In order to eradicate polio, the oral polio vaccine – the instrument which makes eradication of the disease possible – must be delivered to every child. Vast logistical operations, meticulous planning and careful training lies behind the mass vaccination campaigns necessary to reach every child. Similarly, unflagging surveillance and excellent laboratory diagnostic capacity makes it possible to find the virus. The knowledge, experience and systems built to eradicate polio are already delivering other health services, most importantly stronger immunization services in countries where many children do not receive basic childhood vaccines.

Polio eradication portends bigger things. Ending polio in these countries forged stronger health systems that are now being used to advance other health priorities. In Bangladesh, immunization coverage for essential vaccines (e.g. diphtheria-tetanus-pertussis) rose from 82% to 96% between 2000 and 2012; in Nepal, the coverage rate for that vaccine went from 74% to 90%. Some countries have expanded their high-performing polio surveillance networks to track other vaccine-preventable diseases such as measles, neonatal tetanus and Japanese encephalitis.

The region’s accomplishment marks a vital step toward the goal of delivering a polio-free world by 2018. With innovative approaches and new partners, the Global Polio Eradication Initiative is driving progress against a new multi-year plan to stop transmission, improve immunization rates and make a lasting impact on child mortality. The Initiative is spearheaded by the World Health Organization, Rotary International, the US Centers for Disease Control and Prevention, and UNICEF, with support from the Bill and Melinda Gates Foundation and a wide array of public and private sector donors. Launched in 1988, the Initiative has reduced the number of children who are permanently paralyzed by polio by 99.9% around the world.

This progress is still at risk unless polio is also ended in the three countries where it has never been stopped. The polio-virus is a wily enemy, and excels at finding unvaccinated children through whom it can continue to survive. Health authorities have to move faster to find the remaining unvaccinated children before the virus does, to ensure that the disease is eradicated from the world entirely. In 2013, virus from Pakistan and from Nigeria caused explosive outbreaks that are continuing today in the Middle East and the Horn of Africa respectively. These outbreaks are stark reminders that polio anywhere is a threat everywhere. Until polio is stopped in the remaining three endemic countries, the best and only protection for all other countries is to remain vigilant, to ensure that all children are fully vaccinated and to have preparedness plans should the virus be re-introduced.

Even in these three remaining countries, most of the territory is already polio-free. But in north-western Pakistan and northern Nigeria in particular, communities are not able to access the vaccination services they need, often due to insecurity. In Syria and Somalia, many parents face the same situation because of intense conflict. Eradication is a goal driven by social justice, and these children cannot be left behind.

Now that 80% of the world’s population lives in regions certified polio-free – the WHO Regions of the Western Pacific, South-East Asia, Europe, and the Americas – the goal of eradication is closer than ever. To close the deal, vaccination must move faster than the virus in the remaining infected areas to protect the world’s most vulnerable children.

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1 Polio Eradication and Endgame Strategic Plan 2013-18, available at www.polioeradication.org
El tren de la historia y la agenda de desarrollo post-2015

Cuando a principio de la década pasada se vislumbraban los Objetivos de Desarrollo del Milenio (ODM), los gobernantes reunidos en la Asamblea General de la Naciones Unidas en New York en el año 2000 querían lanzar un proceso histórico para acelerar el desarrollo de los pueblos durante la siguiente década y media. Pero, cabe preguntar si es realmente eso lo que ha sucedido... ¿han sido los ODM realmente un catalizador del desarrollo? La respuesta es positiva, pero no tan optimista en el año 2014 como lo era hace más de una década.

ALEX MEJIA
Se conoce que el Secretario General de ese entonces, Kofi Annan, lanzó un reporte en Inglés llamado «We the Peoples: The Role of the United Nations in the 21st Century» en preparación para la Cumbre del Milenio en New York. Ese reporte, junto a las consultas del llamado Foro del Milenio (un proceso de diálogo que se implementó en más de 100 países) y a los Objetivos de Desarrollo Internacional que la OECD acababa de lanzar, dieron pauta para que el siguiente año 2001, el Banco Mundial lanzara los ODM en una campaña global que sigue en pie y que ha sido adoptada por todos los países miembros de la ONU. Por primera vez en la historia, la comunidad global se embarcó en un tren que nos llevaría a un mejor destino.

Con igual ímpetu, en el año 2012 el Secretario General Ban Ki-moon utilizó la Cumbre de Río+20 para renovar esfuerzos que permitan alcanzar los ODM. Se posicionó esa plataforma de diálogo global como el inicio de un proceso de consultas para determinar cuál sería la agenda de desarrollo post-2015. En Junio, el Equipo de Trabajo Post-2015 del Secretario General publicó el reporte «Realizing the Future We Want for All» proponiendo un proceso de consulta para reemplazar los ODM y describiendo varias recomendaciones para la nueva agenda de desarrollo. Para elevar el nivel del proceso, la ONU convocó el llamado Panel de Alto Nivel en Julio, invitando a 27 personas ilustres a trabajar bajo el liderazgo de los presidentes de Indonesia, Liberia y el primer ministro de Inglaterra. Sus deliberaciones finalizaron en Mayo del 2013 con la entrega de un reporte que ha servido para guiar la conversación global hasta hoy. Durante el mismo periodo, el Secretario General también publicó un reporte titulado «A Life of Dignity for All» describiendo el avance de los ODM y proponiendo acelerar las acciones necesarias para su cumplimiento.

Es cierto que los ODM no van a ser cumplidos como se esperaba, pero es menester reconocer que si han producido logros tangibles. En los 13 años que llevamos trabajando e ellos, más de 500 millones de personas han salido de la extrema pobreza (definida como un ingreso menor a $1,25 dólares por día). Nunca en la historia de la humanidad se ha logrado un avance tan acelerado y de tal magnitud en la lucha contra la miseria y la carencia. De la misma manera, el 90% de niños y niñas de países en desarrollo ahora asisten a la escuela primaria y la graduación de las niñas continúa aumentando, cuando antes ellas eran las menos favorecidas con educación primaria. Los ODM también han servido como un catalizador para mejorar los estándares de salud y para reducir la tasa de mortalidad infantil, pues ésta ha disminuido en un 47% con más de tres millones de bebes rescatados de la muerte en cada ciclo anual. También las muertes por paludismo han disminuido 25% y más de 8 millones de enfermos con VIH reciben medicinas retrovirales cada año. El acceso a agua potable ha crecido de manera cierta, pues desde que empezamos a mantener estadísticas para medir los ODM, un total de 2,1 billones de personas tiene ahora acceso a agua de calidad que limita la transmisión de enfermedades y mejora la calidad de vida. La historia está cambiando.

Con esos logros –limitados pero más que relevantes- la mayoría de los actores globales involucrados en el proceso cree que sería un error ignorar los ODM y empezar desde cero en la...
La adopción de la nueva agenda de desarrollo post-2015. Si el espíritu de este proceso histórico es el respeto por los derechos humanos universales, el mundo no tendría otra alternativa que continuar por este derrotero y seguir luchando para reducir la pobreza extrema en el año 2030. ¿Suena obvio, verdad? Pues no necesariamente. Para algunos gobiernos de países en desarrollo, adoptar una nueva agenda universal que esté basada en los ODM sería el perpetuar la capacidad de algunos gobiernos del «Norte» de influenciar políticas públicas en sus países, afectando su concepto de «soberanía». Tampoco es obvio para gobiernos de países cuyas economías están creciendo aceleradamente y que han visto con desdén que se quiera privilegiar el concepto holístico de sostenibilidad (que incluye lo social, económico y lo ambiental) en el proceso post-2015. Se cree que priorizar sostenibilidad ambiental sobre desarrollo económico y social podría distraer o limitar los esfuerzos de gobiernos del «Sur» en su lucha contra la pobreza. Esta dicotomía está creando una fractura en el diálogo que ya ha motivado el abandono del nombre inicial de la nueva agenda, conocida inicialmente como «Objetivos de Desarrollo Sostenibles».

Sin embargo, el tren de la historia no se detiene. Sin importar cuál sea la visión que predomine, el mundo sigue avanzando y el desarrollo de los pueblos sigue siendo una necesidad. La revolución informática que ha creado la sociedad de la información hace que los habitantes de nuestros países hoy estén expuestos a avances culturales y sociales que alientan su deseo de progreso y le dan forma a una visión del futuro que demanda más de sus gobernantes. La llamada “sociedad civil” y sus grupos de actores se han involucrado de lleno en este proceso, así como también otros niveles de gobierno que no fueron involucrados en la adopción de los ODM hace más de una década. Estamos viendo ahora como gobiernos locales y sub-nacionales participan en los grupos de consultas y hacen propuestas. El llamado «Open Working Group» le ha dado espacio a estas instancias que deben ser consultadas y que tiene un rol en el futuro. Tenemos ahora 19 áreas específicas que están siendo debatidas, en aras de lograr el consenso necesario para reducir su número y adoptar la primera versión de la agenda post-2015. Se puede afirmar que ahora el diálogo es más democrático.

La líder del proceso post-2015 dentro de la ONU, Amina Mohammed, liberó un reporte en Enero del 2014 que establece una visión clara de lo que debería ser un proceso inclusivo y progresivo, al mismo tiempo que ha liderado una campaña global para «escuchar» los millones de voces que deben ser escuchadas para legitimar la nueva agenda de desarrollo post-2015. Si Usted, estimado lector, no ha visitado todavía esa plataforma en Internet (www.myworld2015.org) le invito a hacerlo para que haga escuchar su voz y vote en este proceso histórico. Sea parte de este viaje y suba-se a este tren que vale la pena abordar.
Communications part and parcel of response to health and humanitarian emergencies

Little Amina is frightened but finally safe as she is helped into an ambulance that will get her much needed medical help for her injured arm. She is one of more than two hundred thousand people in the Central African Republic (CAR), young and old, whose lives have been turned upside down and put at great risk in the protracted crisis there. In CAR, The World Health Organization estimates that 2 out of 5 health facilities are damaged, half have been looted and more than two thirds lack lifesaving medicines and equipment.

The tragic situation in CAR is just one of the many crises across the globe to which the World Health Organization and many UN and international partners are responding. Experts and practitioners are now seeing the importance of effective emergency communications as a core part of responding to public health emergencies, such as the Ebola outbreaks in West African countries or to humanitarian crises such as those in CAR, Syria and South Sudan.

For WHO, emergency communications and all its sub-specialities such as crisis communications, media communications, advocacy, health promotion, social mobilization and behavioural change, are part and parcel of an effective response. This is why the Organization is investing in intense training of communications experts, from WHO and partner organizations, to be able to deploy rapidly, safely and effectively in support of the international community’s emergency and humanitarian response efforts. Currently WHO has a pool of 50 communications experts – the WHO Emergency Communications Network (ECN) – who have over the past year undergone a tough 9-day pre-deployment training, including six long days of classroom learning and a 72-hour simulation exercise. These test their ability to work under pressure and to deal with a range of challenges of field deployment.

This is a practical and gruelling pre-deployment training, initiated under WHO’s programme of Reform, and aims to improve emergency response support to countries by bringing together partners before an emergency. In this training participants from the UN Centres for Disease Control and Prevention (CDC); the NGOs Norwegian Refugee Council (NRC) and RedR; a number of external consultants, and WHO’s own staff took part. This is a resource-intensive programme that involved more than fifty experts and resource persons from seven agencies.

Within just two weeks of concluding the training, the 2014 “graduates” were already being deployed to Amman (for Syria) to West Africa for Ebola and to the Central African Republic where little Amina lives. Fifty per cent of 2013’s batch were deployed in the previous year.

For more information, please contact: communications@who.int

1 Not her real name.
**Media Interview:** Participants are prepared in the classroom for a variety of tasks. Media interview skills, developing photo stories and web products; as well as for humanitarian response and public health emergencies.

**Operations Manager briefs team:** At the military facility in Avully, Bernex, in the Canton of Geneva, the Simulation Exercise Operations Manager briefs participants on the “rules of the game”.

**Media circus:** The media sweeps down and ambushes the deployed teams as they arrive at the devastated earthquake zone in the fictitious country of Zambre.

**Devastation in Zambre:** An aerial view of the participants being hounded by the media near an earthquake-damaged hospital in the fictitious country Zambre.

**ITT in the field:** It is essential to be independent and operational in an emergency. Participants are briefed on setting up and using telecommunications equipment.

**Bunker:** Participants set up an office in a bunker below ground, trying to plan for how communications can help prevent death and disease during a disease outbreak in the fictitious country Zambre.

**Radio:** Security and safety are paramount for effective field deployment. WHO’s security staff watch closely as a participant practises using communications equipment and call signs.

**The graduates:** The 2014 Emergency Communications Network (ECN) graduates celebrate surviving their gruelling training and ready to be deployed wherever they may be needed.
China’s role in global health is, first and foremost, defined by its own history of health development. This is the very foundation and starting point of China’s engagement in global health development, and a feature of China’s global health agenda. China’s health history started with a ravaged past, went through a boom, saw stagnation during the Cultural Revolution, followed by a period of further pilots and restructuring since the national reform and opening-up policy was initiated in the late 1970s.

Over the last 60-plus years of health sector development, China’s health indicators have improved continuously. An urban-rural health-care network, a system of preventive health-care services and a health safety net have been established. Since the beginning of the new millennium, the Chinese government has implemented medical and health-care reforms covering the world’s biggest population, developed basic health-care insurance for all, and a health-care services system for both urban and rural residents. It has also implemented nationwide programmes for basic and critical public health services, and intensified efforts to reform public hospitals. Such efforts have notably improved the equitability, availability and effectiveness of health-care services and enabled China to meet such health objectives in the UN Millennium Development Goals as reducing maternal mortality and infant mortality rates ahead of the target years.

Meanwhile, China has benefited from international support and partnerships in its own course of health services development. Multilateral partners such as the World Health Organization (WHO), World Bank and the Global Fund to Fight AIDS, Tuberculosis and Malaria, bilateral agencies in the US, UK, Australia and Japan, and international nongovernmental organizations such as the Bill & Melinda Gates Foundation have contributed a good deal of capital, world-class knowhow and managerial expertise. China has fully mobilized such international aid and partnerships and converted the resources into health reform and development plans, strategies and measures suited to the Chinese reality while incorporating them into its own system of health services. China today is an active proponent and practitioner of global health and has long-standing commitment to global health improvement.

In the 1960s, when China’s economy was still in a difficult situation and health conditions remained poor, China nonetheless initiated international cooperation on health development out of humanitarian considerations. Since 1963, China has been sending medical teams to other developing countries in Africa and elsewhere as part of its foreign aid package. Such aid has over time diversified into a variety of bilateral and multilateral health programmes, including the building of health-care facilities, provision of medicines and medical devices, development of human resources training programmes, designation of anti-malaria centres and campaigns to offer free cataract surgeries.

In addition, China has taken ahead its health cooperation with neighbours in its own course of health services development. Multilateral partners such as the World Health Organization (WHO), World Bank and the Global Fund to Fight AIDS, Tuberculosis and Malaria, bilateral agencies in the US, UK, Australia and Japan, and international nongovernmental organizations such as the Bill & Melinda Gates Foundation have contributed a good deal of capital, world-class knowhow and managerial expertise. China has fully mobilized such international aid and partnerships and converted the resources into health reform and development plans, strategies and measures suited to the Chinese reality while incorporating them into its own system of health services. China today is an active proponent and practitioner of global health and has long-standing commitment to global health improvement.

In conclusion, in today’s ever globalized world, China will engage in a whole spectrum of global health issues building on what has been done. It will be able to do so by undertaking research on global health strategy, encouraging relevant government agencies to work towards a consensus, and mobilizing nongovernmental organizations and businesses to create synergies in support of global health development.
Research in the vanguard of health diplomacy

Diplomacy is the intricate art of negotiation between member states on issues of peace, trade or human rights but in recent decades the diplomacy instrument has been tuned for use in furthering public health.

ROBERT TERRY, WHO’S SPECIAL PROGRAMME FOR RESEARCH AND TRAINING IN TROPICAL DISEASES (TDR)

Global Health diplomacy, is characterized by the formal, legally binding treaties that seek to address global public health issues. For example, the Framework Convention on Tobacco Control (2003) negotiated through the Member States of the World Health Organization has led to the smoke-free environments we now enjoy in the public spaces of many countries. This treaty-based approach recognized the inter-dependency of nation states to control the sale of products harmful to public health that are marketed by multinational, globalized companies.

For diplomacy to succeed common ground has to be identified, even between enemies. In many areas the foundations for diplomacy can be found operating upstream from negotiated treaties in the less formal guise of international cooperation, partnership and networks that are the longstanding characteristics of the work undertaken by scientists.

The advancement of knowledge as a global endeavour which bridges national boundaries and requires international collaboration was seen early on during the 17th century with the establishment of the science academies throughout Europe in Italy, France, Germany and the UK. These academic clubs were where leading scientists met and observed each other’s experiments. Information was shared internationally through letters and books and it was as early as 1665 that the first scientific journal – Philosophical Transactions of the Royal Society of London for Improving Natural Knowledge – was published. In 2015 this journal will enter its
350th year of publication. Interestingly it was the Royal Society that created the position of a Foreign Secretary in 1723 to lead on its international activities. This was 60 years before a similar post was created in the British Government.

This cultural norm within research to collaborate has been utilized to foster numerous international exchange programmes and establish joint research facilities putting research in the vanguard of diplomatic efforts.

The US government sees its Fulbright Program of international educational exchange as designed to increase mutual understanding between the people of the United States and the people of other countries. In the 1950s there was overt use of research as a means of achieving diplomatic ends with the establishment by NATO of its Science for Peace Programme to promote scientific collaboration between scientists in NATO countries. In the 1990s with the end of the Cold War Science for Peace was opened up to include countries from the former Soviet Union and Russia. The research funding supported high quality science but it was also explicit in the promotion of progress and peace by building cooperative links between NATO and partner countries. Science for Peace continues today with a new emphasis on counter-terrorism and, at the time of writing, supports activities in both Russia and separately with Ukraine.

Similarly the Israeli-Palestinian Science Organization (IPSO) describes itself as creating a science-based bridge of good will between Israelis and Palestinians and creating conditions for Israeli and Palestinian scholars and scientists to meet and to establish dialogue. The philosophy of these and other international programmes is that science, seen as a non-political activity, can be the focus to create the connections on which other endeavours can build.

In the health sector one milestone in health diplomacy was the establishment in Geneva of the World Health Organization in 1948 and Article 2 of the WHO constitution states that one of the functions of the WHO is “to promote and conduct research in the field of health.

Over the subsequent decades numerous negotiations between countries through WHO have had research as the focus. There are two notable examples creating special research programmes in human reproductive health (HRP – 1972) and the other intended to bring modern scientific ‘weapons’ to defeat infectious tropical diseases (TDR – 1974). More recently the Member States of WHO have debated how to use diplomacy at a global level to improve the support for research as opposed to research as a means to achieve diplomatic aims.

The focus has been on how to improve the research and development for medicines, diagnostics and vaccines for tropical infectious diseases such as sleeping sickness, river blindness and dengue. These diseases affect populations in poor countries providing few incentives for industry to invest in R&D.

Subsequent agreements have included how to explore new and innovative ways of funding R&D and establishing a global health R&D system to monitor progress. Member States stopped short of entering any formal treaty negotiations for R&D at this time and chose to move forward with voluntary actions on the areas they agree over rather than continue to debate their differences.

While some see this as an indication of failure in health diplomacy others feel that collaboration supported by voluntary means is more in keeping with the established ethos of support for research typified by less structured and formal means.

Finally it is worth noting that Geneva hosts one of Europe’s most successful international research collaborations. It is of course CERN and an offshoot of the particle physics research was a new method for sharing files and information via computer – the World Wide Web. The Web allows all of us to increase our own networks, collaborations and partnerships from our desktops, tablets and smart phones and, in time, research has created the facility that potentially puts all of us in the vanguard of health diplomacy.
Le NON d’Anna

MARIE-LAURE BERCHTOLD, COMÉDIENNE ET METTEUR EN SCÈNE

Le 7 octobre 2006, Anna Politkovskaïa, grande Reporter russe pour le journal indépendant Novaïa Gazeta, a été tuée par balles alors qu’elle rentrait dans le hall de son immeuble de Moscou, avec ses courses. Son assassinat n’a jamais été éclucidé.

Depuis toujours, dans le monde, il y a des hommes et des femmes qui ont su dire non à ce qui leur paraissait inacceptable. Anna Politkovskaïa était de ceux-là et elle l’a payé de sa vie.


Le NON d’Anna est principalement inspiré de Femme non rééducable par Stefano Massini. En relatant sans aucune concession la réalité de cette guerre, côté tché­tchène et côté russe, Anna Politkovskaïa s’est vue assignée le titre de sujet « non rééducable » par l’Etat-major Russe : « Les ennemis de l’État se divisent en deux catégories : ceux que l’on peut ramener à la raison et les incorrigibles. Avec ces derniers, il n’est pas possible de dialoguer, ce qui les rend non-réeducables. Il est nécessaire que l’État s’emploie à éradiquer de son territoire ces sujets non-réeducables. »

Admirable et déconcertant itinéraire d’une femme à la fois simple et hors du commun qui refusa de céder aux menaces, au chantage et au mensonge. Anna ne prenait pas parti, elle se gardait de tout prosélytisme, elle ne choisissait pas son camp. Son combat était un combat sans merci pour la défense des droits humains: « Je me limite à raconter des faits. Les faits tels qu’ils se produisent, tels qu’ils sont. Et ça coûte un prix fou. Quel prix? Le prix que tu payes quand tu ne pratiques plus un métier mais que tu entres en guerre. Tu combats. Tu te sens un combattant. » Stefano Massini, Femme non réeducable.

Le NON d’Anna, ensemble de notes, de correspondances et d’entretiens, basé sur le texte original de Stefano Massini, est enrichi de passages et de scènes inspirés des différents ouvrages de la journaliste.

Dans un décor épuré, les mots vibrent et bouleversent, des mots contre la mort, des mots pour la liberté, dont la liberté d’expression, des mots au service de la vie. Rendre hommage à la journaliste, c’est aussi honorer tous ces autres grands reporters qui osent faire de leur métier un combat pour la Vérité. Reporters sans frontières a dénoncé sans cesse et encore aujourd’hui des assassins de journalistes à travers le monde, des journalistes à l’image d’Anna, libres à en mourir.

« La liberté d’expression n’est pas un luxe, c’est l’oxygène de la démocratie » disait Eric Bergkault, réalisateur d’un film sur Anna.

À travers une superbe écriture ironique et radicale, Le NON d’Anna est le récit courageux et troublant de l’histoire d’une femme journaliste. Un texte qui témoigne de l’importance de la liberté d’expression.

Du 20 au 24 mai 2014 à 20h30, dimanche 25 mai à 17h. Réservations : www.compagniethalie.org - OT Ferney - 04 50 28 09 16
Un vent moderne soufflera ce printemps 2014 à la galerie Interart, avec une exposition consacrée à l’artiste Óscar Domínguez, acteur important du mouvement surréaliste et créateur énigmatique. Une quinzaine d’œuvres présenteront un panorama de sa création entre 1935 et 1955 et illustreront la richesse d’expression et la vivacité de l’œuvre de ce peintre très particulier.

Surnommé «le dragonnier des Canaries» par André Breton, Óscar Domínguez ne laisse décidément pas indifférent. Cet artiste né à La Laguna, sur l’île de Ténérife, introduit dans l’art surréaliste «le sifflement ardent et parfumé des îles des Canaries», selon les mots de Breton. Venu pour la première fois à Paris en 1927 pour veiller aux affaires de son père, riche producteur agricole, Domínguez en profite pour découvrir la vie nocturne de la capitale et dépenser l’argent familial. Ce personnage savait se montrer extrême, parfois même violent, comme en témoigne une fameuse altercation, lorsqu’il jette un verre au visage de Victor Brauner, le prédécesseur indiscutable de son œil gauche. En 1928, Domínguez rentre à Ténérife pour effectuer son service militaire et commence à exposer au Cercle des beaux-arts. De retour à Paris l’année suivante, sa capacité à rêver le monde et son esprit contestataire trouvent leur accomplissement dans le mouvement surréaliste.

Ses premières toiles surréalistes datées de 1932 sont saluées par La Gaceta de Arte de Ténérife. L’année 1934 marque son intégration dans le groupe parisien, avec lequel il participe aux expositions, avant d’en être écarté au sortir de la guerre. Il est également à l’origine de l’organisation d’une de leurs réunions à Ténérife en 1935, où Breton et les autres surréalistes découvrent ainsi ce monde exotique qui inspire tant l’artiste. Cette nature improbable est une véritable manne, la profusion végétale où s’épanouit le fameux dragonnier, arbre légendaire des îles des Canaries, excite l’imaginaire. Sans cesse, son travail s’y renouvelle, là est sa force de création. Sa peinture se place entre le jeu, le rêve et l’action, allant jusqu’à un décalage poétique, une confrontation avec l’absurde. La multiplicité de ses expériences mène Domínguez à la peinture gestuelle et à la création de la décalcomanie, en 1936.

La Vague, œuvre de 1938, regroupe plusieurs thèmes qui sont chers à l’artiste, tels la mer et ses spirales infinies, mais également l’ouvre-boîte, symbole hautement surréaliste du dévoilement de l’inconscient – de ce qui ne peut rester caché. La nature est ainsi manipulée par le subconscient du monde.
La fondation Sergio Vieira de Mello

ANNE WILLEM BULEVELD

La fondation Sergio Vieira de Mello a le plaisir de vous annoncer que sa Conférence annuelle aura lieu le 15 mai de 18 h 30 à 20 h à l’Auditorium Ivan Pictet de la Maison de la Paix, Institut de hautes Études internationales et du Développement, 2 chemin Eugène-Rigot, Genève.


Le titre de sa conférence est : « Prévenir les conflits, arrêter les guerres, bâtir une paix durable ».

L’intervention sera suivie d’une période de questions/réponses.

The Sergio Vieira de Mello Foundation

The Sergio Vieira de Mello Foundation has the pleasure to announce that their annual Lecture will take place on 15 May from 18:30 to 20:00 at the Ivan Pictet Auditorium at the Maison de la Paix, Graduate Institute of International and Development Studies, Chemin Eugène-Rigot 2, Geneva.

The guest speaker will be H.E. Jose Ramos Horta, Nobel Peace Prize Laureate and Special Representative of the UN Secretary General in Guinea Bissau.

The Title of his lecture will be: “Preventing Conflicts, Ending Wars, Building Durable Peace”.

After his intervention there will be a question and answer session.
Germany’s Concept for Global Health Policy

Hermann Gröhe, German Federal Minister of Health, Berlin, Germany

Germany wishes to take an active part in shaping the world order by taking a stand for a just world order, the respect of human rights, sustainable development and the eradication of poverty. The focal point of our commitment is the protection of global public goods. Here, health has an important role to play as it is vital for social, economic and political development and stability. Health and access to affordable health care are both the prerequisite for, and the result of, social development and make a significant contribution to poverty eradication.

The United Nations has a key role to play in meeting global challenges also, or rather precisely, in the area of health. Consequently, Germany intends to make its contribution to the renewal and further development of the United Nations’ structures and remains willing to assume greater responsibility at the level of the United Nations and its specialised agencies.

The adoption by Chancellor Merkel’s Federal Cabinet last year of the ‘Global Health Policy – Taking Joint Action – Embracing Responsibility’ strategy constituted a milestone as it was the first framework document on the topic area of global health policy ever adopted by Germany’s Federal Government in its entirety. The concept was a clear demonstration of our determination to take an active role in the concrete shaping of global health policy processes. In this context, it is our desire to act in concert with our partners, and particularly embedded in an efficient form of multilateralism, thereby assuming responsibility for improving health all over the world. The existing commitment of the myriad German actors already working in the field is to be even better co-ordinated so as to increase the effectiveness of our contribution.

The concept: ‘Global Health Policy – Taking Joint Action – Embracing Responsibility’ was elaborated in the conviction that global action is the only means of securing and improving global health.

Germany’s commitment, as described in the concept, is characterised by three guiding principles:

1. Only by acting globally can we ensure comprehensive health protection for local populations, including Germany’s, for although many health problems become manifest locally, their origins may lie in complex global contexts.
2. We seek to meet our international commitments by making our experience, expertise and funds available for the improvement of global health.
3. We are calling for effective, co-operative and equitable action in international health policy because we deem strong international institutions to be the prerequisite for effective, co-ordinated action. In doing so, we reaffirm that Germany seeks to

Today, global health policy plays an increasingly important role in Germany’s policy-making. The Federal Government explicitly acknowledges its global responsibility and reaffirms Germany’s role as a reliable partner in world affairs.
contribute to building a globalised, interdependent and multilateral world based on a rule-based, multilateral and globally oriented regulatory policy conducted by legitimate and effective international institutions.

With this concept, we are stating clearly that Germany is already a reliable partner when it comes to addressing current and future challenges in global health care policy. We also wish to further expand this commitment, in a coherent manner, in all of its diversity.

The concept focuses Germany’s contribution to global health policy on five chosen areas of emphasis in which Germany is comparatively strong and is able to make a sustainable contribution to improving world health. These are:

- providing effective protection from cross-border health threats
- strengthening health care systems worldwide – facilitating development
- expanding intersectoral co-operation – interaction with other policy areas
- health research and the health economy – providing important impetus for global health
- strengthening the global health architecture.

The main objective from Germany’s perspective is enhancing efficiency and coherence within the global health architecture. As an important bilateral and multilateral donor, we set high standards to ensure that technical support and funding for global health policy goals are used efficiently. Of central significance for us is the strengthening of the World Health Organisation (WHO) as the leading and co-ordinating authority in matters of international health policy. This is why Germany gives its whole-hearted support to calls for a comprehensive reform of WHO. Our aim is to adapt WHO to the new global challenges of the 21st century and reinforce its standing as a productive, transparent, efficient and responsible international organisation in its interaction with the other global actors.

With this concept, Germany also lays great store by the engagement of civil society in global health issues. Civil society’s involvement makes a vital contribution to solving global health problems. This is why the Federal Government appreciates the commitment shown by civil society and actively supports increasing its participation in international processes. Global health issues are closely linked to numerous other areas of policy such as development, security, trade, the economy, human rights, the environment and nutrition. This is why both intersectoral and interministerial approaches are necessary in the quest for global health solutions. Against this background, we see global health not as an isolated area of policy, but as an integral component of our international policy. The concept described here will make a decisive contribution to ensure the greatest possible coherence among the affected specialist policies related to global health policy. We will continue to expand the interdepartmental exchange to ensure the joint planning and co-ordination of Germany’s contribution to global health.
Global Health Diplomacy
more than just health

SIGRUN MØGEDAL1
KRISTIN INGSTAD SANDBERG2

The challenge: Integrated actions and political solutions

The recognition that health depends on actions far beyond the health sector goes decades back. Primary Health Care, “Our Common Future”, “Healthy Public Policies” and attention to Social Determinants of Health successively placed empowerment and participation, equity and social justice at the core of promoting and protecting the health of people. UN processes that are not health specific tow the same path. Social justice and inclusion, empowerment of women, community participation and collaborative action across disciplines demand change in the way institutions and member states respond.

Yet, in spite of broad agreement, we fail to overcome barriers to integration. Highly controversial and still unresolved issues block progress to achieve health equity – such as rights in terms of sexual and reproductive health, the causos for grossly unequal global distribution of health workers and patent laws that do not facilitate access to medicines for all. We are faced with the core challenges of diplomacy: the international political dynamics where power and interests of states as well as those of UN institutions play out.

To address the political nature of global health, countries must grapple with a double interface; between domestic and foreign policy, and between health and other sectors with impact on health, such as trade and investment policies or food production. Domestic and foreign policies need to identify and address political and structural barriers to health in all sectors, and together find health responsive political solutions both at home and on international arenas.

Health specialist must learn more about diplomacy and diplomats – must learn more about health.

Aspirations meet the real world – the Norwegian experience

In the case of Norway as is the case in most countries, different ministries carry the responsibility for relating to UN agencies and processes that match their domestic mandate, with the foreign ministry responsible for overall coordination. However, it must be said that coherent policies to protect health across processes and ministries are not consistently formalized.

In weighing national interests against international responsibilities, Norway was able to establish a policy position for international recruitment of health personnel, committing not to recruit for Norwegian needs in ways that negatively
impact on the workforce of developing countries. This policy position has, however, not resulted in a consolidated and formalized strategy in support of solutions to the global health workforce crisis that can match the growing external recruitment of health workers to Norway.

Moreover, other critical policy areas with high impact on health, such as gender, migration, labour, humanitarian affairs, human rights, peace building and security have not received the same attention to positions that consider the impact on health in intergovernmental negotiations. Health specialists are called to take care of all negotiations that are understood as health specific. Mainstream diplomats themselves have little experience and remain ill-equipped to proactively engage in protecting health in negotiations not considered as “health”, yet with strong health implications…

This said, several efforts have been made to better align the interests between the ministries of health and foreign affairs. Most recently, a strategy paper for the Norwegian membership of the WHO Executive Board 2010-2013 sought to clarify positions and priorities for the two ministries, followed by a Government White Paper on global health in 2012. Neither of these, however, succeeded in establishing a convincing platform for overcoming fragmentation and build integration and coherence in the Norwegian response to global health equity.

The Foreign Policy and Global Health Initiative, launched in 2007 when seven foreign ministers, including Norway, agreed to make “impact on health a defining lens that each country will use to examine key elements of foreign policy and development strategies”. The initiative insisted that health must be on the agenda of foreign policy makers, including the UN General Assembly, where inter-governmental processes are brought together and where heads of states meet. A 10 point agenda was agreed as the platform for the initiative. This has been the basis for resolutions on Global Health and Foreign Policy in the General Assembly every year since 2008.

It is still doubtful that this effort succeeded in making health a critical tool for and an outcome of foreign policy. This is more the case as delegations in New York still consider health to be an issue for Geneva, and continue to rely on calling their health specialists for negotiations, rather than taking on health in the different domains of foreign policy as a case for “mainstream” diplomacy.

Beyond awareness to acting on barriers and dysfunctions
Making health specialists repeat arguments for health across different policy arenas will not solve the global health challenges we face. There is a need to turn to the real barriers for equity and health that remain unresolved and unattended. Higher awareness among mainstream diplomats of the way both decisions and inaction have implications for the health of people all over the world is critical.

Yet awareness is not enough to drive more integrated actions for health equity. There are concrete barriers to overcome, both in structures and processes, for UN member states as well as the UN institutions. Systemic institutional dysfunctions and serious gaps in global governance are highlighted in the recent Lancet-Oslo Commission on Global Governance for Health[3]. To achieve policies for “healthy people on a healthy planet”, overcoming these dysfunctions may be the most important focus for Global Health Diplomacy in the broader UN environment in the years ahead.

Indeed, we cannot help but wonder – If countries and institutions maintain their fragmented approaches to integrated actions for health and equity, what can we expect from diplomacy?

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Global Health, Governance and Immunization

Experiences of the non-governmental organization Agence de Médecine Préméventive

According to Kickbusch and Szabo, “global health governance” is related to the institutions (e.g., World Health Organization (WHO)) and processes that have a specific health mandate; “global governance for health” refers to the institutions (e.g., United Nations, Human Rights Council) and processes that have a direct and indirect impact on health; and “governance for global health” is related to the institutions and mechanisms (e.g., national global health strategies, regional strategies for global health) that exist at national and regional level to promote global health governance and/or governance for global health (Kickbusch 2014). This last category, governance for global health, can also refer to “club strategies” such as agreements by a group of countries like the Economic Community of West African States (ECOWAS).

In those three political spaces, a multitude of state and non-state actors are involved. The following examples from the field of immunization in Africa illustrate the multi-actor and multi-level interaction necessary to produce public goods for health (PGH) at regional and national level and to translate directives from global governance for health institutions into impactful national programs. In 1974, the World Health Organization (WHO) launched the Expanded Program for Immunization (EPI) with the objective of increasing immunization coverage globally. Since then, numerous global calls, recommendations, and plans for national immunization system strengthening such as the Global Immunization Vaccine Strategy, the Millennium Development Goals, Universal Health Coverage, and, most recently, the Global Vaccine Action Plan have been issued. As an example, the World Health Assembly recommended that countries adapt global guidance from the WHO Scientific Advisory Group of Experts to their national context. This would be achieved through the establishment of National Immunization Technical Advisory Groups (NITAGs), responsible for making evidence-based recommendations to policy-makers on all immunization-related aspects, including new vaccine adoption, strategies to increase use of under-utilized vaccines, and the monitoring of immunization schedules.

To facilitate the implementation of this recommendation at country-level, the French non-governmental organization (NGO) Agence de Médecine Préventive (AMP) developed the “Strengthening Independent Immunization and Vaccine Advisory Committees” (SIVAC) Initiative in 2008, with funding from the Bill & Melinda Gates Foundation (BMGF). AMP collaborated with the West African Health Organization (WAHO), the health branch of ECOWAS, to study the feasibility of cascading the global recommendation to all countries in West Africa. Following discussions at expert meetings with national (ministries of health), regional, and international stakeholders, it was recommended to all ECOWAS countries to establish NITAGs. Consequently, SIVAC began to collaborate with WAHO to establish NITAGs in the region, leading to the creation of such committees in Benin and Senegal as of 2014. In effect, this project has combined AMP’s technical expertise and local contacts with the regional health governance mandate of WAHO to implement evidence-based policies in the field.

In 2011, the World Health Assembly recommended the use of oral cholera vaccine within an integrated strategy for the prevention and control of cholera. After extensive consultations with experts, the WHO decided to constitute a vaccine stockpile for outbreak response. The GAVI Alliance, a public-private global health partnership committed to increasing access to vaccines, built on the efforts of WHO and funded additional vaccine doses, expanding use of the stockpile to cholera outbreak prevention. To direct the deployment of vaccine to areas most at-risk, GAVI partners with a range of governmental organizations and NGOs that provide knowledge about cholera epidemiology in target areas. One of these organizations is AMP, through its “African Cholera Surveillance Network” (Africhol) project, also funded by the BMGF. Since 2010, Africhol has led the establishment of cholera surveillance in 11 African countries, with support from an international consortium. The aspired outcome of this collective effort is to establish inter-sectoral groups to fight cholera through an integrated strategy that includes detection and control of outbreaks, case-management, infrastructure development, and various public health interventions that tackle environmental factors and at-risk populations.

These examples show how the coordinated interaction of global and regional political and technical bodies including NGOs can make an impact in the field. Together, they can be important catalysts for the development and diffusion of evidence and greatly expedite the implementation of integrated, comprehensive disease prevention and control programs including EPI. The involvement of a diverse group of different actors also assures a maximum of legitimacy, accountability, and transparency in the process.

All of the groups mentioned above can greatly enhance their operational capacity and impact with help from and through coordinated interaction with the international donor community. In turn, donors can greatly increase the efficiency of their investments by closely collaborating with these regional governmental and non-governmental organizations.

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Formation francophone de haut niveau en diplomatie et santé

MICHEL KAZATCHKINE1, PASCALE WYSS2 ET FODÉ SECK3

Novembre 2013 a vu, à Genève, la première édition d’une Formation francophone de haut niveau en diplomatie et santé. Ce séminaire était co-organisé par le Global Health Programme («Programme de santé mondiale») de l’Institut de Hautes Études Internationales et du Développement (IHEID) de Genève et l’École Nationale d’Administration (ENA) du Sénégal.

Cette formation s’est d’abord inscrite dans la continuité des enseignements annuels que l’IHEID offre sur ce thème en langue anglaise depuis plus de cinq ans. L’enseignement s’adresse aux diplomates, aux responsables de Départements internationaux de ministères de la santé, aux responsables des bureaux pays de l’OMS et, plus généralement, aux personnes des grandes organisations internationales publiques ou privées ou grandes organisations internationales en santé et développement de la société civile.

Ce sont en effet ces acteurs provenant de ces horizons et types d’institution différents, qui interagissent et négocient dans le cadre de la diplomatie en santé. D’un côté, la santé occupe maintenant une place croissante dans les débats auxquels les diplomates se trouvent confrontés dans un monde globalisé ; de l’autre, les institutionnels de la santé se trouvent dorénavant impliqués dans la négociation de résolutions et de traités dont les enjeux dépassent de loin les domaines experts concernés.

A côté de ces nouveaux aspects des métiers de la diplomatie, les négociations touchant aux questions de santé mondiale («santé globale») et aux biens publics mondiaux en santé, ne restent plus l’apanage des fonctionnaires internationaux. La diplomatie du XXIe siècle dans ces domaines, s’ouvre à l’expertise d’autres secteurs de gouvernement, au secteur privé, à la société civile et aux communautés affectées.

Apprendre à mieux connaître les grands enjeux de la santé mondiale, comprendre les institutions qui en débattent et les régulent, connaître les nouveaux acteurs «élargis» qui participent à ces débats, et acquérir ou renforcer ses propres capacités de négociation : tous ces sujets étaient au centre des enseignements, des débats avec les participants, des panels de professionnels, et des exercices de simulation qui formaient la trame de ce séminaire de diplomatie en santé de cinq jours.

La nouveauté de cet enseignement aura en premier lieu été de se tenir en langue française et de s’adresser à un public francophone. Pour ce premier séminaire vingt-deux participants ont été retenus à partir d’une soixantaine de candidatures provenant de pays d’Afrique de l’Ouest, d’Afrique centrale, d’Amérique latine, de France et d’Europe. Le nombre des candidatures arrivées dans des délais assez courts nous a heureusement surpris. Au fur et à mesure du déroulement de l’enseignement, plusieurs points relatifs à la francophonie nous sont apparus. Ils justifient, à notre avis, la poursuite de cet enseignement :

- La langue française reste le premier véhicule de communication dans de nombreuses régions du monde. La possibilité pour les participants de s’exprimer dans leur langue rend les discussions plus spontanées et plus riches.
- La langue française contribue à une culture de pensée et de diplomatie singulière. Le pragmatisme propre aux négociations menées en langue anglaise est moins apparent dans les débats menés en français. Les questions portant sur un même thème sont appréhendées différemment selon la langue utilisée par les participants.
- La volonté d’engagement des participants pour la promotion de cette nouvelle discipline qu’est la diplomatie en santé est importante. Le besoin d’enrichir la littérature francophone sur ces sujets est apparu très nettement.
- La dimension régionale pour les pays d’Afrique de l’Ouest et centrale tant en matière de formation et de plateforme de débat qu’en termes, à l’avenir, de plateforme de recherche, apparaît essentielle et la justification principale de la poursuite de cet effort.

Une évaluation de l’enseignement auprès des participants a en outre confirmé qu’ils avaient tous été pleinement satisfaits de la qualité du programme et des échanges qui ont eu lieu pendant le séminaire. Le module pratique «Négociations en santé et l’exercice de simulation qui en faisait partie, » a été plébiscité comme la session la plus intéressante. Le module «Économe de la santé» qui n’est pas systématiquement couvert dans le cours anglophone a été très bien accueilli. Plusieurs participants ont souhaité intégrer de nouvelles sessions sur la coopération régionale en matière de santé à l’avenir.


Ce sont là les premiers pas encourageants de la version francophone de cet enseignement. Nous espérons qu’à l’avenir les enseignements et les échanges en langue française pourront se développer, ainsi que la recherche, dans une étoffe complémentarité avec l’essor international que connaît le domaine de la diplomatie en santé.

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2 Chargée de la Formation francophone, Global Health Programme de l’IHEID
3 Ambassadeur, Représentant Permanent de la République du Sénégal auprès des Nations Unies à Genève
**CULTURE SHOCK**

The term ‘culture shock’ was first popularized by anthropologist Kalervo Oberg in the 1950s. He defined it as a condition “precipitated by the anxiety that results from losing all our familiar signs and symbols of social intercourse” when people travel abroad to new cultures.

**YULIA YULINA, ATLANTA, USA**

Culture shock is an emotional U-curve and can be described as consisting of five distinct phases: honeymoon (euphoria over the newness and excitement of discovery in the new culture), rejection (hostility towards the new culture), regression (hostility against the new culture), adjustment (assimilation into the new culture). Upon returning to one’s home culture, people often experience reverse culture shock. The return adjustment is often shorter, but has the same five phases. Culture shock together with reverse culture shock is an emotional rollercoaster having a W-curve. Not every-who with reverse culture shock goes through all five stages. The return of adjustment is often shorter, but has the same five phases. Culture shock together with reverse culture shock is an emotional rollercoaster having a W-curve. Not everyone has the same experience or goes through all five stages. The experience will depend on how different the cultures are, the age and adaptability of the individual, etc. Regardless, adapting to a new culture is never easy.

Yulia Yulina (MD, MPH) worked in different countries for the USPeace Corps, CDC, GPATH and WHO. Dr. Yulina discusses the stages of culture shock through her own life experience, particularly her move from Central Asia to study medicine in Moscow. She also draws on the experience of her American husband, who moved with her to live in Moscow, Russia for several years.

Я столкнулась с термином «культурный шок» в 1996 году, когда начала работать с программой здравоохранения Корпуса Мира США в Туркменистане. Волонтеры приезжали в страну на 2 года, и я, как сотрудник, проводил с ними тренинг, готовя их к жизни в новой стране. Впервые термин «культурный шок» использовал антрополог Кальверо Оберг в 1954 г. Он определил это как эмоциональный или физический дискомфорт, дезориентация индивида, вызванная попаданием в иную культурную среду. Оберг отметил, что при вхождении в новую культуру человек испытывает ряд неприятных ощущений, и утверждал, что люди проходят через определенные стадии адаптации, постепенно достигая удовлетворительного уровня адаптации.

Существуют различные классификации этого невеселого процесса. Самая базовая схема культурной адаптации выглядит следующим образом. «Медовый месяц»: самая приятная стадия, во время которой различия между старой и новой культурой воспринимаются восторженно — все кажется удивительным и приятным. К сожалению, на смену приходит «Фаза ожидания»: человек раздражается на порядки и особенности новой страны, скучает по близким, ощущает нехватку языка. Культурный шок достигает максимума в стадию «Кризис»: это состояние может привести к соматическим и психическим заболеваниям. Часть мигрантов в эту фазу стремится вернуться на родину. У тех, кому удалось благополучно пережить кризис, начинается этап «Выздоровления»: появляется оптимистический настрой и начинается успешное интегрирование в жизнь нового общества. Заключительная стадия — «Адаптация»: человек осваивает себя, начинает работать и получать удовольствие от новой культуры.

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**SOCIETY/SOCIÉTÉ**

**Vzлёты и падения «культурного шока»**

The term ‘culture shock’ was first popularized by anthropologist Kalervo Oberg in the 1950s. He defined it as a condition “precipitated by the anxiety that results from losing all our familiar signs and symbols of social intercourse” when people travel abroad to new cultures.

**YULIA YULINA, ATLANTA, USA**

Culture shock is an emotional U-curve and can be described as consisting of five distinct phases: honeymoon (euphoria over the newness and excitement of discovery in the new culture), rejection (hostility towards the new culture), regression (hostility against the new culture), adjustment (assimilation into the new culture). Upon returning to one’s home culture, people often experience reverse culture shock. The return adjustment is often shorter, but has the same five phases. Culture shock together with reverse culture shock is an emotional rollercoaster having a W-curve. Not every-who with reverse culture shock goes through all five stages. The return of adjustment is often shorter, but has the same five phases. Culture shock together with reverse culture shock is an emotional rollercoaster having a W-curve. Not everyone has the same experience or goes through all five stages. The experience will depend on how different the cultures are, the age and adaptability of the individual, etc. Regardless, adapting to a new culture is never easy.

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THE NEXT GENERATION

Put down your phone, save a kid’s life

Today, we are obsessed with our mobile phones. If you were forced to live on a desert island and given the choice to bring one item, it would probably be your smart phone.

OMAR BAWA

We love our phones more than many things, sometimes for good reasons. Other times we check for favored items and then continue checking, and recheck. Or perhaps watch videos of cute babies and funny cats. Or take photos of ourselves (“selfies”) or our food. From time to time, we even read interesting articles.

Regardless, “We think we can’t live without our phones. So why don’t we use them to help provide something people actually can’t live without? Clean Water.” — UNICEF

Would you put down your phone to save a child’s life? Well then, you will love UNICEF’s latest great idea: the UNICEF Tap Project Challenge! It is a known fact that millions of children still live without something as basic as clean water; 768 million people still do not have access to safe drinking water. There are 2.5 billion people living without proper sanitation. In fact, more people have mobile phones than toilets. Water is life. Yet, when water is unsafe and sanitation non-existent, water can kill. So let us take a moment to reflect by going without something far less vital than water, our mobile phones.

It is a simple idea: go without your mobile phone to give clean water to kids. Visit http://uniceftapproject.org to begin the challenge. For every ten minutes you stay away from your phone, you unlock a sponsor’s donation. The longer you do not touch your phone the more you can help UNICEF to provide clean water for children. In fact, just 10 minutes can provide a child with clean water for a day. So every minute counts. Keep going!

When you cannot resist any longer, UNICEF’s sponsors and donors will make a donation to the UNICEF Tap Project based on the time you went without your phone. At this point you can make an even bigger difference by making a personal direct donation yourself. The funds raised will be used for water, sanitation and hygiene programs in countries with the most need. With as little as $5 you can provide a child with clean water for 200 days.

This year, during World Water Month, people from all around the world went more than 200 million minutes without their phones to help children in need of clean water. One individual went more than 17,000 minutes without his mobile phone. So instead of viewing 10 million “selfies” or 837 thousand cat photos or posting 3390 million Facebook photos, people helped kids.

To join the movement to provide every kid in the world with access to clean water visit: http://uniceftappproject.org

For more information, visit: http://www.goodwall.org/posts/put-down-your-phone-save-childs-life
When Emily James was born in 2010, she was born with a full head of beautiful long “goldilocks” hair. Her hair grew and grew and grew and by the time she was three, Emily’s parents realized that she could change the life of a young child with cancer by putting her hair up for donation.

Emily’s mother, Amy, sat Emily down and showed her images of children with cancer undergoing chemotherapy. She tried to explain the situation of these children in a way that Emily might understand. As Emily began to understand cancer and the devastating effects it has, her response blew us all away: “I don’t want any kids to be sad that they have no hair. What I want to do is give them my hair!” And she did just that.

After explaining cancer to her young daughter, Amy said, “I wasn’t sure if she would hate the idea or be nervous about the change, but she went for it. I was surprised that she would go for big change and that she was excited about Uncle Matthew cutting her hair.”

Emily’s parents own a production studio, FlyPress Films, and happened to have equipment available to document Emily’s experience in her Uncle Matthew’s salon chair. They intended to share this video with family and friends who were aware of Emily’s aversion to haircuts, but when they posted the video to Facebook, the sharing began right away. Within 10 days, the post on Vimeo had already accrued 289,000 views!

In the video, Emily explained, “Sometimes kids get sick, and then... their hairs fall out, and that’s really, really sad.” With these thoughts in mind, Emily sat bravely in her Uncle “Maffew’s” chair and allowed him to cut 7 inches off of her long locks. Emily only had one condition: that Uncle Matthew cut the hair of her doll, “Dolly”, too so that they match perfectly. As she sat, she “tried to stay nice and still while Uncle Maffew cuts hair.” Emily’s comprehension and subsequent bravery, which culminated in the most sincere act of kindness, is an inspiration to us all.

Emily’s hair donation will help better the life of a child with cancer. In 2007, the United States was home to 10,400 children under the age of 15 who were diagnosed with cancer. Of these children, about 1,545 died from the disease making cancer, the leading cause of death amongst children aged 1 to 14. More children are diagnosed with cancer each year, making a donation like Emily’s more valuable now than ever.

The hair salon that took Emily’s hair donation is in Canada’s amazing Langley, British Columbia. The salon is partnered with the Canadian Cancer Society and offers free, fully customized wigs for cancer patients under the age of 19. They make as many as 25 custom wigs a month (pending donations), and wig recipients are even provided with contact information of their donors to send thank you notes to brave people like Emily.

If you would like to watch the video about Emily’s story visit http://www.goodwall.org/posts/emilys-priceless-gift-blew-us-all-away

If you are interested in helping those fighting cancer and would like to make a hair donation like Emily’s, please contact 360 Hair at www.360-hair.com/, or email them at info@360-hair.com
It’s time to cut back on candy!
The World Health Organization (WHO)’s advice might just save your life!

The World Health Organization (WHO) recently announced the need for people everywhere to cut down their sugar consumption to 5 percent.

ELIZABETH STEPHENS AND OMAR BAWA
If this guideline is followed, it would consist of a 50 percent decrease from the previously recommended amount. While it may seem sad to skip on candy, it must be noted that the current generation is the first generation in history that will not live as long as their parents. We must ask ourselves, “Why?”

In over 9,000 analyses on sugar, WHO experts have reached several startling conclusions on sugar’s effect on the body. WHO experts drafted guidelines based on these results, stating, “the consumption of free sugars may result in both reduced intake of foods containing more nutritionally adequate calories and an increase in total caloric intake, leading to an unhealthy diet, weight gain and increased risk of non-communicable diseases (NCDs)”.

The consumption of sugar has also been known to lead to the development of dental diseases, the most prevalent NCDs globally. This has damaging effects, particularly in underdeveloped countries where access to dental care is scarce, expensive, and often low quality. According to the WHO, the treatment of dental diseases can cost between 5 and 10 percent of health budgets – and this is in industrialized countries. Unfortunately for lower-income countries, dental care can exceed domestic health costs.

A study published by Philadelphia Temple University (PTU) determined that drinking diet soda can erode a person’s teeth to the same degree that a person’s teeth are destroyed by chronically abusing methamphetamines and crack cocaine. To arrive at this conclusion, PTU observed four adults: one woman who consumed 2 liters of diet soda per day for 3 to 5 years; a young man who had been addicted to meth for 3 years; and two individuals who had been addicted to crack for 18 years.

Because of the high levels of citric acid in soda, tooth enamel is easily eroded, thus exposing the inner nerves of the teeth. The lead author of the study, Mohamed Bas-sioui, said, “You look at it side-to-side with ‘meth mouth’ or ‘coke mouth’, it is startling to see the intensity and extent of damage more or less the same.” There are overlapping components used in illegal drugs and diet soda, explaining why the tooth decay amongst soda drinkers and drug users looks so similar.

There are additional effects of sugar consumption. In the UK, Dr. Sally Davies, Britain’s chief medical officer, said that “sugar might be addictive”. She recommended that the UK government implement a sugar tax to help curb early onset of obesity and ever-expanding waistlines. According to Davies, “We have a generation of children who, because they’re overweight... may not live as long as my generation. They will be the first generation that lives less and that is of great concern.”

The US, which up until recently was the most overweight country in the world (the US is now second to Mexico), will require food manufactures to list any added sugars on their nutrition labels, and also provide a more prominent calorie count. This comes in the wake of the WHO’s recommendation, as well as the statement put out by the American Heart Association which recommends limiting sugar to 8 percent of your diet; this means no more than six teaspoons full of sugar a day for women and nine for men, or about the equivalent of maximum one can of Coca-Cola per day.

Though it may be difficult and would require everyone to cut down on his or her sugar intake, for Americans, this means cutting down on sugar by 67 percent! However, the results would be worth it: eat less candy, and live a longer and healthier life.

The NEXT GENERATION
Italie

Dolce vita sul lago Maggiore

Immortalisé dans la chanson de Mort Shuman qui l’imaginait sous la neige, le lac Majeur est le plus célèbre des lacs préalpins d’Italie. Alimenté par le Tessin qui prend sa source en Suisse, il est remarquable de par sa beauté très variée, tantôt majestueuse, tantôt sauvage.

TEXTE & PHOTOS CLAUDE MAILLARD

D’origine glaciaire, les lacs du nord de l’Italie, étroits et allongés, bénéficient d’un climat particulièrement doux, et leurs rives s’ornent d’une végétation exubérante. Près de Vérone, le lac de Garde est le plus grand avec une superficie de 370 km², soit ⅔ du Léman. Plus à l’ouest, entre Brescia et Bergame, se niche le lac d’Iseo. Enfin, au nord de Milan, il se succèdent les lacs de Côme, de Lugano, Majeur et d’Orta. La majorité des lacs sont situés en Lombardie, mais certains sont à cheval sur le Piémont et la Vénétie, et également sur la Suisse. Leur charme vient de l’alternance de paysages alpestres, dont certains sommets sont couverts de neige jusqu’en mai, et méridionaux, avec de somptueux jardins plantés de palmiers et de variétés exotiques. Ces exceptionnelles conditions expliquent l’enthousiasme que ces lacs suscitèrent dès le XIXe Siècle comme lieux de villégiature.

Les Monts sacrés d’Italie du Nord

Arrivé à Domodossola, juste après avoir franchi le col du Simplon, le lac Majeur n’est plus très loin, d’autant qu’une voie rapide mène jusqu’à Verbania, située sur ses rives. Mais c’est tellement mieux de prendre « le chemin des écoliers » afin de pouvoir traverser les petits villages pittoresques éparpillés le long du Toce, la rivière qui descend du Val Formazza. Et puis, cela va également nous donner l’occasion de découvrir la région du petit lac d’Orta (seulement 18 km²), au sud d’Omegna. Et le
détour en valait la peine, nous ne serons pas déçus!


Redescendu sur les berges du lac, un arrêt à Orta San Giulio s’impose, non seulement pour déguster une bonne glace, mais aussi pour arpenter les vieilles ruelles de cette sympathique station estivale. Bâti sur une colline proche, le sanctuaire Sacro Monte di Orta, dédié à Saint-François d’Assise, regroupe vingt chapelles. De là, la vue est remarquable sur la minuscule île de San Giulio qui abrite une basilique fondée au IV° siècle.

La journée a été bien remplie et il est temps de rejoindre Stresa où l’hôtel «La Fontana» nous a été recommandé pour passer la nuit. La citée balnéaire, priée des Milanais, est construite en bordure du lac Majeur, et pour y parvenir, nous devrons emprunter le col de Mottarone qui culmine à 1491m et qui offre un magnifique panorama sur toute la région.

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Régie publicitaire exclusive UN SPECIAL
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Le grand tour du lac Majeur

La journée débute par un fabuleux petit déjeuner et par un féerique lever de soleil qui embrase tout le lac Majeur, illuminant les îles Borromées situées juste en face de notre hôtel. Petites merveilles de la nature, ces îles ont pour noms Isola Bella (sur laquelle est construit le palais Borromée datant du XVIIe Siècle), Isola Madre (occupée par l’un des plus anciens et des plus riches jardins botaniques d’Italie) et enfin Isola dei Pescatori, la plus romantique avec son accueillant village de pêcheurs.

Le lac Majeur, aux eaux d’un bleu intense, s’étire sur 65km, dont un quart en territoire suisse. Protégées des vents froids par les massifs montagneux environnants, ses rives bénéficient d’un climat d’une douceur constante qui a favorisé l’acclimatation d’une floraison luxuriante. Dès la fin du XIXe Siècle, les nobles affluèrent pour profiter de ce microclimat et firent bâtir de somptueuses villas entourées de jardins aux essences exotiques. Tout cela explique cette « Dolce vita sul lago Maggiore »

De Stresa, la route nous conduit au sud du lac Majeur, là où la rivière Tessin retrouve son lit qui va la mener jusqu’au Po. Puis, l’envie de savourer un cappuccino nous propulse jusqu’à Angera, située sur la rive Est du lac. Cette paisible bourgade est dominée par l’imposante citadelle Borromée d’où l’on jouit d’une vue panoramique sur les alentours, notamment sur Arona, célèbre pour sa gigantesque statue représentant Saint-Charles Borromée. Plus au nord, perdu au beau milieu de la côte, construit à flanc de falaise, le monastère Santa Caterina del Sasso fait partie des joyaux du lac. Mais, pour avoir le privilège de pouvoir visiter sa chapelle datant du XIIe Siècle, il est nécessaire de descendre quelque 240 marches, qu’il faudra bien entendu escalader au retour. Mais, pour les moins sportifs, il existe désormais un ascenseur.

Une petite infidélité au lac Majeur va nous mener jusqu’à celui de Varese, tout proche, afin de découvrir le sanctuaire de Santa Maria del Monte dont les quatorze chapelles, datant du XVIIe Siècle, sont construites sur le versant d’une colline. Pour en faire le tour, là aussi il faut être bon marcheur, car le circuit de visite, qui emprunte une route pavée au fort dénivelée, fait 4 kilomètres! Cela n’empêche pas que ce lieu de pèlerinage à la Vierge est l’un des plus fréquentés par les Italiens. Retour sur les berges du lac Majeur, à Luino plus précisément, ville qui a vu naître le Prix Nobel de Littérature 1997, Dario Fo. La frontière suisse n’est pas loin, et l’heure du déjeuner approche. Blotti au creux d’une baie, à l’extrémité nord du lac, Locarno nous tend les bras! Avec 2300 heures d’ensoleillement par année, l’endroit bénéficie du climat le plus doux de Suisse. Des plantes méditerranéennes comme des palmiers ou des citronniers y poussent partout et confèrent à ce lieu touristique un charme particulier. Située au cœur de la ville, la Piazza Grande est connue grâce au festival du film qui s’y déroule chaque année. Bien vite, nous retrouvons le territoire italien et la station balnéaire de Cannobio, le « petit Saint-Tropez » du lac Majeur. À deux pas, le petit village médiéval de Carmine Superiore est absolument à voir. Mais là encore, il ne se visite qu’à la force des mollets. Le chemin muletier pour y accéder est vraiment raide. Mais quand on aime, on ne compte pas! Longtemps abandonné, le village a été entièrement rénové: un petit bijou médiéval d’où la vue sur le lac est incroyable. Avant d’enfin finir avec notre grand tour du lac Majeur, une dernière halte dans un sanctuaire est prévue au Sacro Monte della Santissima Trinità di Ghiffa. Construit au XVIe Siècle, composé de trois chapelles et d’une longue galerie d’arcades, il est proche de Verbania, terme de notre périple. La cité piémontaise fut, au début du XXe Siècle, très prisée par la noblesse et la bourgeoisie qui y construisirent de nombreuses résidences d’été, puis fut désaffectée pour Stresa, notre point de départ, située juste en face.
About the UN Special’s current Editorial Committee

Garry Aslanyan has been the deputy editor-in-chief of UN Special since January 2013. While his day job is quite demanding, Garry still enjoys volunteering by working with the editor-in-chief to set the overall directions, selection of themes and management of the magazine. Garry is very passionate about languages, communication and international affairs.

Marina Appiah works at the WHO and her educational background is in management and public administration. She brings her high quality editing skills to the Editorial Committee in order to maintain the quality of the magazine’s articles.

Ahmed Zouiten is a medical doctor and a public health specialist currently working at the emergency department in WHO. As a member of the editorial committee, Ahmed writes and reviews articles in Arabic, French and English.

Chantal Streijffert Garon contributes by conducting interviews and writing articles in English and French. For Chantal, being part of the UN Special editorial committee is an exciting challenge as well as a back to the roots venture as she has studied literature before engaging in law studies and did write for screen and television before joining WHO.

Maria-Angeles Martin contributes from a point of view of a private sector professional. Her objective when writing articles is to make the readers interested in knowing more about the subject proposed in order to arrive to their own conclusions. Being part of the committee is an enriching exercise for Maria-Angeles and provides her with the opportunity to interact with professionals from different backgrounds.

Natasha de Francisco (Shapovalova) brings her expertise in international economic relations and is passionate about intersection of health and economic development, art, history, and human lives. She writes short essays and interviews with a wide spectrum of influential personalities connected through the growing network of UN Special. Natasha also promotes publications in Russian, French and Spanish.

Dorine Da Re – Van der Wal brings her ideas and initiatives from the local community and young people that impact our daily lives. As she quotes American author and poet Maya Angelou: “In a magazine, one can get – from cover to cover – 15 to 20 different ideas about life and how to live it.”

Igor Toskin believes that UN Special creates a unique opportunity for people representing different cultures and traditions to speak out and share with the community of fellow magazine readers their views on issues that they feel are important. For Igor, it’s a great privilege to be a part of the team facilitating such a unique process of integrating multilingual and multicultural publication that then gets disseminated through the various networks.

Carlos Streijffert plays a key role on the Editorial Committee of liaising between the UN Special and the WHO-HQ Staff Association Committee of which he is a member.

Omar Bawa is a founder of Goodwall.org: the humanitarian and environmental social network to get informed, get involved and inspire others everyday. Omar is passionate about harnessing technology to address our world’s greatest challenges like climate change and poverty. Omar manages and writes for the “Next Generation” section of the UN Special magazine.

Alex Mejia is a former government official and diplomat now working at UNITAR as the head of its decentralized cooperation programme. He is committed to bringing to UN Special a fresh perspective editorial impetus to connect with the magazine’s main audience and beyond. For Alex, the post-2015 development agenda and how to reconcile environment and development are important areas of concern.
Christina Brandes-Barbier — As somebody with multilingual and multicultural background, Cristina had the opportunity to live and travel in various countries. This experience allows her to observe and understand many things in different ways. Cristina would like to take the opportunity of being part of the committee and share these experiences with readers of the UN Special.

Olivier Borie has a background in international relations, technological innovation and corporate social responsibility. He mainly contributes to UN Special on sustainability and governance topics. Olivier participates in this project as a citizen of this planet, mindful of differences as well as of what brings us together.

Giovanna Maria de Marco has a multi-year experience in international organisations around Europe including the European Space Agency. She is specialized in languages, communication, Corporate Social Responsibility and interested in vogue and space matters. Currently a freelance writer, her wish within the UN Special magazine is to research stories about social improvement and develop articles to inspire change.

Gautam Basu is a career journalist who was deputy editor of the Times of India, and joined WHO SEARO as an editor in 2006 after a decade in the national media. He loves to delve into the colourful historical past of the United Nations and writes anecdotal stories about WHO’s history for the magazine.
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