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809 - MAY 2021

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**Emil Frey SA**  
1211 Genève 26  
[bmw-efsa-geneve.ch](http://bmw-efsa-geneve.ch)



GARRY ASLANYAN

Editor-in-chief/Rédacteur en chef

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**The future is public health**

In the more than twelve months since the pandemic started, interest in and understanding of public health has increased tremendously. Crises can lead to otherwise difficult-to-accomplish change, and this pandemic is no exception. The flip side is that with all this increased interest came a swirl of too much information and misinformation. Our cover interview examines how misinformation and disinformation often resonate with people more than the matter of fact, science-backed information communicated by health experts. Public health will play a bigger role in our future making it critical that the information we have on it is correct.

Now imagine *isolated*... not just for quarantine, but for your entire childhood and youth. We have included a series of articles on noma, a disease affecting primarily children living in extreme poverty. Survivors of noma often have physical and functional deformities resulting in stigma and isolation. Action is needed to put an end to this illness.

We hope you will enjoy this issue that includes these and other articles you won't find anywhere else! ■

**L'avenir est à la santé publique**

Au cours de l'année écoulée, l'intérêt de la population pour la santé publique s'est considérablement accru ainsi que son intelligibilité. Les crises comme cette pandémie peuvent générer de tels changements qui autrement seraient difficiles voire impossibles à accomplir.

Le revers de la médaille reste que cet intérêt a provoqué un tourbillon d'informations laissant la part belle à la divulgation de fausses informations.

Notre premier entretien explique les mécanismes qui régissent la fausse information, la désinformation et de quelle manière ils sont perçus davantage comme des vérités par le public, que les données factuelles et scientifiques communiquées par les experts de la santé. À l'avenir, la santé publique jouera donc un rôle accru dont et rendra cruciale la véracité des informations reçues.

Imaginez maintenant que vous êtes isolés... non pas juste à cause d'une quarantaine mais suite à une maladie terrible qui affecte les enfants vivant dans l'extrême pauvreté. Vous pourrez lire un dossier sur le noma. Les survivants de cette maladie présentent souvent des déformations physiques et fonctionnelles entraînant la stigmatisation et l'isolement. Il faut agir vite pour mettre fin à cette horrible maladie.

Nous espérons que vous apprécierez ce numéro. Il comprend ces articles et d'autres que vous ne trouverez nulle part ailleurs! ■

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## Interview with Dr. Sylvie Briand

# Infodemic and vaccines

*For this issue of newSpecial Magazine, our Editor-in-Chief, Dr. Garry Aslanyan, sat down with Dr. Sylvie Briand, Director of the WHO Department of Global Infectious Hazard Preparedness, to talk about a topic that's gained a lot of attention over the last year – the COVID-19 infodemic – and how it's impacting vaccine uptake around the globe.*



© EFE

### **The Impact of the COVID-19 Infodemic on Vaccine Uptake**

**Dr. Briand, in February of 2020, WHO's Director-General, Dr. Tedros Adhanom Ghebreyesus sounded the alarm that "we are not just fighting an epidemic; we are fighting an infodemic." A little over a year later, does that statement still ring true?**

You know, 15 months after that statement was made, it's just as true now as it was then. But now we look at infodemics through a different lens.

In February of 2020, the world was just starting to hear this word "infodemic", which WHO described as an overabundance of information – some accurate, some not – that spreads alongside an epidemic. In that moment, this certainly wasn't a mainstream concept. In fact most people, including many seasoned health authorities, were unaware that infodemics were a by-product of epidemics and can also protract them.

At that point, we didn't have much insight on how infodemics and pandemics originate,

how they perpetuate, or best practices for reducing the harm they cause to public health.

Early in the pandemic, as we were seeing outbreaks of illness from coronavirus in various regions, we were also witnessing people in those same regions have a visceral reaction to information about it. People were growing aggravated because the information they were receiving often seemed incomplete or conflicting. There wasn't enough timely and accurate information available at that point to address the public's questions and concerns, and so speculative information and misinformation often filled that void, and that's what influenced so many people's behaviours.

As a result, we would learn about entire communities that actually harmed their health because they were steered by misinformation they heard from social media or in a forwarded text message.

And when people are ingesting lethal cocktails of chemicals

thinking that it can prevent or cure illness, that is a public health crisis on its own that WHO must address.

Since those early days, WHO and partners in the UN family, in civil society, and the private sector have been dedicating as many resources as we can to helping people around the world learn about infodemics and how to manage them, so they aren't vulnerable to them. While we still have a long road ahead, we are much wiser and better equipped about infodemics 15 months later. And our Public Health Research Agenda for Managing Infodemics is helping to accelerate investment in research to develop an evidence-based framework for tackling infodemics to establish best practices for ensuring universal access to credible health information as a human right.

**I can imagine that 15 months later, problems with the COVID-19 infodemic have shifted somewhat from being an issue with bogus prevention techniques to more timely topics like COVID-19 vaccination. So**



© WHO / Sam Bradd

### how is the infodemic negatively impacting vaccination uptake?

Indeed you're right. The infodemic has evolved over these 15 months. It's often tethered to whatever theme is hot in the news or on social media. And of course, yes, right now that hot topic is COVID-19 vaccination. But the struggle with the infodemic around vaccination follows a similar pattern to infodemics that have come before it.

COVID-19 is still very new, but we know more now and so people know how to better protect themselves and recover from it. COVID-19 vaccination is newer territory. While we're learning more about it every day, there are still a lot of unknowns. And understandably, people have difficulty with uncertainty. It's

scary. People understandably want to be reassured.

When people encounter a swirl of too much information and misinformation they look to make sense of it all. They often turn to a quick web search and to people they know and trust for answers. The mis- and disinformation that has viral qualities often tugs at people's emotions, which is pretty powerful because regardless of how little logic there is behind those emotionally charged theories, they can often resonate with people more than the matter-of-fact, science-backed information coming from health experts.

We saw infodemic waves about mask-wearing, disease origins, transmission, preventive

measures, and cures. Now we're seeing it with vaccination.

As health authorities, we have to make the science easy to understand. We also have to build people's understanding not just about health and vaccination, but also about how and where to access good information about health and how to avoid harmful information. So part of infodemic management is an exercise in building health, science, digital, and media literacy all around the world.

Regardless of whether people live in a low- or high-income country, or a rural or urban setting, we have an imperative to create narratives about vaccination that make sense in the context of where they live. And

we have to deliver those narratives in a way that resonates with the people who live there. People need to be able to relate to those narratives because that relatability helps generate trust. And trust is the foundation of any successful public health intervention.

So with vaccination, we have to provide reassuring messages that address people's questions and concerns. We can't boil everything down to a slogan – these messages need to be nuanced because concerns and questions often centre on the nuances. And when there's an absence of evidence because the science is ongoing, we have to be completely transparent about what we don't know, and come together in solidarity to make decisions about how best

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to protect ourselves and each other based on more nuanced discussions about risks and benefits of health and social measures.

**So how do you help build these critical literacy skills and what else is WHO doing to manage infodemics?**

This is the most exciting part, because over the past 15 months, WHO has put a stake in the ground with our partners at the UN, with the private sector, with health experts, and with civil society and said, “Ok, if we expect to implement successful emergency preparedness and response plans going forward, we must integrate infodemic management as part of the comprehensive plan.”

And that has made so much sense. Our UN partners are committed to this. Our tech partners are working with us

to roll out open-source online tools like a multi-lingual fact-checking hub that can help health decision-makers understand what misinformation is circulating. They’ve also developed a publicly available social listening platform that helps health experts better respond to the questions and concerns people are expressing online.

Country health authorities are requesting tools and resources to share at community levels. They’re working with community leaders who can use GIFs, memes, the power of radio and text messaging to reinforce narratives that will help individuals grow conscious of practising infodemic management during this health emergency, and to lean on that skill in future health emergencies.

This month we are hosting WHO’s 4th Global Infodemic

Management Conference to bring together people from across disciplines to further develop the science behind infodemiology. And in June, WHO will partner again with the US CDC, and also with ECDC and UNICEF to host the second-ever infodemic manager training programme, to upskill professionals who can be deployed to support infodemic management assignments in countries around the world.

For everyone who reads newSpecial, this is relevant to you too! Now is a great time to tune into the progress happening on the infodemic management front and see where you can leverage your position to incorporate the practice into the important work you do. We hope that you will join us at our conferences, you will use the resources we develop,

and we hope to see many of you apply by 9 May to be in the June cohort of infodemic manager trainees to become champions for truth and global health. ■

More info at:

<https://www.who.int/publications/i/item/9789240019508>

<https://covid19misinfo.org/fact-checking/covid-19-fact-checkers/>

<https://whoinfodemic.citibeats.com/?cat=fYJ1oBNEUQtfbExrkGvsyr>

<https://www.who.int/news-room/events/detail/2021/05/04/default-calendar/4th-virtual-who-infodemic-management-conference-advances-in-social-listening-for-public-health>

<https://www.who.int/news-room/articles-detail/call-for-applicants-for-2nd-who-training-in-infodemic-management>

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# Assembling all COVID-19 partners at the same (virtual) table

*How the World Health Organization's Partners Platform serves as a "one-stop shop" for countries seeking vaccines and other pandemic resources*



© WHO/Blink Media – Nana Kofi Acquah

On 4 March 2021, health worker Evelyn Narkie Dowuona holds up her vaccination card after receiving a dose of the AstraZeneca/Oxford COVID-19 vaccine at Ridge Hospital in Ghana

**XAVIER RICHER VIS & ERIN KANNAN, WHO**

Less than a month the first reports of the emergence of a novel coronavirus, the World Health Organization's (WHO) Health Emergencies Programme knew that its coordination of the COVID-19 response would need to differ greatly from its usual approach.

"For previous outbreak responses, we would provide technical assistance to individual countries in their preparedness and response planning through face-to-face missions, in-person meetings, and a flurry of e-mail communications," says Lucy Boulanger, Unit Head of the Health Emergencies Programme's Readiness Assessment Prioritization unit, who was then deployed to the COVID-19 Incident Management Support Team at WHO headquarters in Geneva.

"But once we realized, in early

February, that we were possibly going to be coordinating planning for well over 100 countries, which may all be relying on assistance and support, we knew we had to work in a web-based, real-time platform – a place where all countries, and all partners, would be able to share information."

Several weeks later, on 11 March, the WHO made the assessment that COVID-19 could be characterized as a pandemic. Five days after that, in coordination with the UN Development Office, WHO launched the COVID-19 Partners Platform, with Boulanger serving as team leader.

One year on, "the Platform" has become the premier enabling tool for the WHO's COVID-19 Strategic Preparedness Response Plan, guiding recommended actions for countries to take at national, regional, and global levels to overcome the

ongoing challenges and inequities associated with the virus.

"The Partners Platform is a one stop shop for planning, monitoring and responding to the COVID-19 pandemic," says Mike Ryan, Executive Director of the WHO's Health Emergencies Programme. The 149 countries, territories and areas which have appointed administrators to the Platform are given the chance to view up-to-date key public health measures that have been recommended through features like the Platform's Action Checklist, and thus show the world what actions they are planning and implementing, alongside uploading their respective national COVID-19 response plans.

In some countries, like that of Belize, the Platform served as the driving force in the creation of a coordinated and costed response plan.



“The Platform, for some countries, showed to have added value beyond the Platform itself,” says Nicolas Lagomarsino, the regional focal point for the Partners Platform at the Pan-American Health Organization. “It allowed stakeholders to create a space where different UN agencies, the Ministry of Health and other ministries could come together in the response to the pandemic, and to generate dialogue. Remember that – many of us – were working from home and the regular in person meetings the UN and partners tends to have when a disaster happens were not happening.”

Within the Platform, countries can share with other users their funding and resource needs, which donors can view and use to inform future decision-making.

“When resources are not available at country level, local and global donors are able to view requests and better align and target their contributions,” says Ryan. As donors upload their contributions data to the Platform, it becomes possible for all WHO partners to better understand where resource gaps exist, and further facilitate the work of all partners to achieve the organization’s goal of equity in the global pandemic response.

To date, the Platform has aided in the allocation of almost US\$ 3.8 billion in contributions, a majority of which have come from fellow UN organizations and affiliates, like the World Bank, UNICEF, and Gavi.

In the past, the Platform would have been 134 tables in 134 government offices (i.e. the

number of countries using the Platform’s Action Checklist) but the virtual nature of the Partners Platform today accounts for the primary reason why its team can move quickly to adapt to an evolving epidemiological situation on the ground.

When safe and effective COVID-19 vaccines became authorized for use, the Platform became a recognized place to submit their National Deployment Vaccination Plans, a critical step to receiving vaccine doses through the COVID-19 Vaccines Global Access initiative, particularly for low- and middle-income countries.

“As soon as the Platform’s user interface was retrofitted to accept vaccination plans for review, all the countries in the [Americas] that required to have the plans reviewed, had

uploaded their plans. The Platform allowed us to work very quickly, despite not being conceived, at inception, as a tool to review vaccination plans” says Lagomarsino.

For all countries using the Partners Platform, it took less than ten days for over 100 countries to upload their plans for approval. Where COVAX has aimed to deliver at least 2 billion doses of COVID-19 vaccines by the end of 2021, in its current coordination role, the Platform will be at the forefront of ensuring global “last-mile” vaccine delivery, i.e. delivering vaccines to those communities with the biggest funding gaps.

In many ways, what sets the Partners Platform aside from other globally-coordinated health emergencies responses is the degree to which donor

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On 7 March 2021, WHO Nepal Operations Support & Logistics Officer Prahald Dahal takes a look at Nepal's first consignment of COVID-19 vaccine doses via COVAX as they are loaded onto a truck at Tribhuvan International Airport in Kathmandu.

“The Partners Platform [...] has become a critical tool to help countries highlight financial, supply and personnel needs and deliver the necessary public health response [to COVID-19.]”

– Dr Tedros Adhanom Ghebreyesus, Director-General of the World Health Organization (spoken August 2020)

organizations are involved in the resource allocation process.

“The first five country plans developed with the World Bank were uploaded to the Platform,” reminds Boulanger. “These were [COVID-19] national plans based on Bank proposals with funding from the Bank. It was the Global Fund that encouraged us to develop our global dynamic costing tool. Part of the designing and the feedback changes that were made early on in the Platform were based on what donor partners wanted, as well.”

Registration for users, including donors, remains open on the Platform’s landing page, with technical experts and, often, Dr. Boulanger, herself, leading Platform demonstrations and walk-throughs on what information

is available for analysis. The process is meant to be as open and helpful to users as possible, partly to encourage them to keep the information current. To Boulanger, what makes the Platform work is when countries and donors actively update their plans or contributions to reflect their most recent COVID activities.

“It’s a contributory process,” she says. “It works when everyone contributes.”

For the foreseeable future, the Platform’s biggest objectives will continue to be ongoing health emergencies like COVID-19, and soon Ebola as the Platform undertakes its first non-COVID-19 expansion. But Boulanger envisions that in due time, the Platform’s biggest and more lasting expansion

will be scaling up countries for imminent threats to public health with operational readiness.

“Readiness as an investment saves lives and money,” emphasizes Boulanger. “In that vision, we can see using the Partners Platform as a tool for countries to be ready to respond to their highest imminent threats identified.”

In the not-too-distant future, the Platform might feature lists of prioritized activities (e.g., Action Checklists) for the top two or three health threats in any given area, detailing key public health actions which can be operationalized by countries at the national and sub-national level, as with COVID-19 today, with those same countries being able to request international assistance when they cannot cover the costs themselves.

“You want to invest in readiness,” concludes Boulanger, “where you can start to react and respond before the emergency arrives. And when the

day comes, you’ll be on the ground running – “Ready, Set, Go!” – preventing the damage and reducing the impact of that emergency.”

“We hope and expect that donors would be very interested in seeing these operational readiness checklists for countries’ imminent threats, and that they’ll be interested in investing in these activities, as well. This is how the Platform will support countries during peacetime before threats become acute emergencies.” ■

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# Will COVID-19 revolutionize public health education?

*How the World Health Organization is leading innovation in health emergency response training.*



OpenWHO courses are produced in real time as the pandemic evolves and targeted to key audiences such as health workers and the recent three courses on vaccines.

**DR. GAYA M GAMHEWAGE, HEINI UTUNEN, ANDREW BLACK & DR IBRAHIMA SOCÉFALL; WHO HEALTH EMERGENCIES PROGRAMME**

“Unprecedented.” “The biggest challenge of our generation.” “Devastating.” These are the words the world is using to describe the impact of the COVID-19 pandemic. But not everything we have experienced since the emergence of the novel SARS-CoV-2 virus has been negative. Will the pandemic become the great disruptor that we needed to propel us into the 21st century, especially in education, training and capacity development?

The World Health Organization, like its 194 Member States and most UN agencies, is in the business of building capacity. This meant massive numbers of training programmes, workshops and expensive face-to-face events involving national and international personnel. Distance learning, and e-learning were relegated to second class citizenship. But

an invisible virus changed all of that just a year ago. Today, whether we like it or not, we are in the world of virtual learning, video classrooms, webinars and online courses. And WHO’s Health Emergencies programme has had to learn fast to move learning, including for the ongoing pandemic, online.

According to the World Economic Forum, even before COVID-19, there was already high growth and adoption in education technology, with global edtech investments reaching USD 18.66 billion in 2019 and the overall market for online education projected to reach USD 350 billion by 2050. But it was COVID-19 that forced us to capitalize on this trend. Young and old, around the world, people began to look for virtual solutions to everyday essentials including education.

The pandemic created a massive need not just to offer online education for children, but to

adults as well. The pandemic response required that hundreds of millions of people, especially frontline responders, could access lifesaving knowledge and skills to protect themselves and help others.

Like the UN’s Health Agency, WHO was already working to move its training and education for health emergencies online. Having learnt from the devastating Ebola Virus Disease outbreak in West Africa (2014-2016), in 2017 WHO’s Health Emergency Programme launched a free, online learning platform containing courses for personnel and decision makers managing epidemics and pandemics. This platform – OpenWHO.org – had around 157,000 learner registrations by the end of 2019. It offered self-paced (asynchronous) courses in several UN languages, mainly focusing on epidemic and pandemic preparedness and response which contributed to a broader blended learning programme.

OpenWHO.org was designed with equity, access and quality in mind. First, the cost barriers were removed by offering only free courses. Next, appreciating that the digital divide is real, the platform offers low-bandwidth and offline versions with the OpenWHO application. Third, accessibility and uptake were increased by offering learning in an ever-growing number of languages (more than 50 languages at the time of writing this article). Finally, quality is ensured by applying adult learning science to the design and delivery of courses using content from evidence-based WHO guidance approved by WHO experts.

But what good is a learning platform if it cannot present new learning quickly or scale-up to meet increased demand during an emergency? OpenWHO was designed to

allow a small team to develop courses within a few days of content becoming available; the content could be updated by the same team as new or updated knowledge evolved (as is the reality during a pandemic). The technology used for the platform also allowed massive scale up. From the launch of the first COVID-19 course in January 2020 to date, enrolments on the OpenWHO platform have jumped from 160,000 to more than 5 million, for 30 COVID-19 courses offered in more than 50 languages. The platform also offers courses in 55 other health topics

The figures are even more impressive when compared to established commercial education platforms. In July 2020, a blog on the Coursera platform stated that “more than 1.6 million learners around the world benefit from partner

contributions in Coursera’s response to the pandemic.” The significance of WHO’s training effort was acknowledged by several international awards including Gold Winner for the ‘Best international digital transformation of a training programme in response to COVID-19’ at the 2020 Learning Technologies Awards.

Self-paced learning was good enough, especially in the beginning of the pandemic when the prime objective was to transfer knowledge. But it became evident that the much longed-for return to normal (RTN) was nowhere in sight. Therefore WHO’s Health Emergency Programmes’ Learning & Capacity Building Team transferred its whole traditional training programme online. Its five-day pre-deployment training which has been delivered across the world since 2005,

was transformed into a series on 10 Virtual Interactive classes (VICs) and 10 Virtual Learning Labs (VLLs) delivered over a period of 10 weeks. These virtual events were preceded by self-paced online learning of mandatory courses on the OpenWHO platform, and concluded with an online simulation exercise to apply learning from the course. Debriefings with one or two facilitators were offered to each of the cohort of 28 leaders who continued their work in the pandemic response throughout the 10 weeks.

Data analysis reveals that OpenWHO is used as part of lifelong learning. More than half the learners take two courses or more. Four per cent of users, more than 75,000 learners, take 10 courses or more. There is a growing number of super-learners on the



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Informed by the WHO strategic preparedness and response plan for COVID-19 (SPRP), OpenWHO courses span across the SPRP pillars.

platform. Course completion rate on OpenWHO is between 42% (platform average) and 58%(COVID-19 courses) both are far higher than the 15% industry standard.

To keep learners learning, and to expand further, a series of webinars – #Learning-SavesLives – on current topics was launched in March 2021. Each webinar attracts around 2,000 participants. And all this achieved at a fraction of the cost of face-to-face training, without climate-change causing air travel, security threats, and

allowing people from anywhere in any country to participate. In the *Journal of Educational Change* Zhao and Watterson argue that the pandemic has created a unique opportunity for educational changes proposed before COVID-19 but never fully realized.

They identify three big changes that education should make post COVID: curriculum that is developmental, personalized, and evolving; pedagogy that is student-centered, inquiry-based, authentic, and purposeful; and delivery of instruction

that capitalizes on the strengths of both synchronous and asynchronous learning.

This echoes what we have learnt and experienced in WHO. But to truly harness the power of online learning beyond COVID-19 we need to address – how we go beyond knowledge transfer to measure skills and competencies gained from online learning? It is particularly important in public health that we are can be sure that someone who has taken online self-paced courses on leading a health emergency response

is actually able to do it. Evaluating the efficacy and impact of e-learning will be the most important question for anyone involved in learning across the UN and international system as we work through the second year of the pandemic. ■

Access free online learning: [https:// OpenWHO.org](https://OpenWHO.org)

Join #LearningSavesLives webinars: <https://OpenWHO.org/webinars>

Email us for more information, or if you want to collaborate: [outbreak.training@who.int](mailto:outbreak.training@who.int)

## Health for all The film festival



The Health for All Film Festival has launched a new selection of short films on Health Equity, the public is invited to post comments and questions on the short films and a selection of these questions will be featured during the online award ceremonies on 13 May.

The shortlisted films can be viewed by the public as of today through the following Youtube playlists:

Universal Health Coverage (UHC) <https://bit.ly/31aZPYz>

Health emergencies <https://bit.ly/2Pp9Bny>

Better health and well-being <https://bit.ly/2QBxZ11>

An additional playlist will be published on our Youtube channel on 7 April towards World Health Day (WHD) Health Equity special prize.



Rent: CHF 9'000.-

**MIREMONT 3 (GE)**

**Sumptuous apartment in a building of character**

About 290 m<sup>2</sup> with beautiful volumes and the cachet of the old style, the apartment is composed with a double living room with a fireplace, a dining room, a modern kitchen with a fully equipped central island, 5 bedrooms, a bathroom with WC, 2 bathrooms with WC, one with washing machine connections, a cellar and an outdoor parking space at CHF 200.-/month. Located near shops and transport. Monthly charges included.

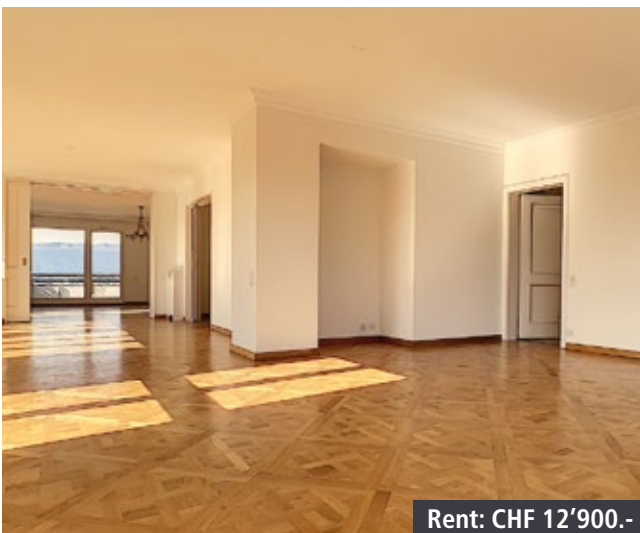


Rent: CHF 6'518.-

**STAND 45 (GE)**

**Contemporary apartment labeled Minergie**

Built with quality materials in the banking district, the apartment has an underfloor heating and cooling system and offers temperature regulation in each room. It is composed of a living room, 1 recent fully equipped kitchen, 3 bedrooms, 1 bathroom, 1 shower room, 1 laundry room and 1 parking space in the basement for CHF 420.-/month. Located near shops and transport. Monthly charges : CHF 270.-



Rent: CHF 12'900.-

**LE CORBUSIER 31 (GE)**

**A 350 sqm penthouse on the top floor**

Magnificent 180° view 10 minutes from downtown and close to public transport and shops. The attic consists on a double living room with adjoining dining room giving access to balcony, a large fully equipped kitchen, 5 bedrooms, a master bedroom with dressing room and a complete bathroom, 2 bathroom shower rooms, 1 equipped laundry room, 1 large cellar and 1 safe. Also 2 parking spaces at CHF 300.- each as well as an additional space at CHF 250.-/month. Monthly charges : CHF 500.-



Rent: upon request

**PUIDOUX (VD)**

**La Villa De Coppet**

Between Lausanne and Vevey, the villa of approximately 600 sqm was built in a quiet and isolated setting in the heart of a park of 10 hectares. Restored in 2015 by a renowned architect, the building offers spacious living areas, a landscaped garden of 6'000 sqm and a sublime view of the lake above the vineyards of Lavaux. Rented furnished or unfurnished, this exceptional property will charm you by its very rare location, its discretion and its comfort.

## A practical guide

# How to be your own infodemic manager

*Earlier in this issue, Dr. Sylvie Briand, Director of the WHO Department of Global Infectious Hazard Preparedness, considered the impact infodemics are having on COVID-19 vaccination uptake.*



Now we want to share how and why managing infodemics are important to the work *you* do. As it turns out, infodemic management starts with each of us. No matter what your area of expertise, or what you do to support the UN system, infodemics can derail your efforts. To prevent that, we're laying out a few hot tips for how you can incorporate infodemic management practices into your work, and encourage others to do the same.

### Step 1: Evaluate your own health, science, and digital literacy skills

Have you shared a sensational headline on social media or forwarded an "OMG" text message about COVID-19 that later you found out was not *quite* true or was outright false?

If so, don't beat yourself up. It's easy to do, and we learn from our mistakes.

But we can prevent more mistakes. It's worth learning the basics behind COVID-19, immunization, transmission, and prevention, because when we lack understanding, we're leaving room to be duped by harmful information.

We can all think more critically about what shapes our knowledge, attitudes, and practices, and about what we should and shouldn't share.

As a starting point, here are some literacy primers developed by WHO and partners.

### Step 2: Be a source of high-quality information

Now that you're primed and literate, before we allow misinformation to wreak havoc, it's time to go through a quick mental checklist before you share: is the information weighted with opinion or is it matter-of-fact?

As best practice, if it leads with science-based insights that can be validated by multiple authoritative sources, share away. If it evokes an emotional reaction (e.g. it has the potential to make people scared, panic or lash out in anger) it's aiming to influence and may be heavy on distorted information.

To be a trustworthy source of high-quality information, let the facts lead the way, make the facts easy to understand, link people to those authoritative sources, and avoid sharing the stuff that tells you how to feel.

### Step 3: Engage, empower and promote resilience

Now that you're a trustworthy source of high-quality information, you can help others overcome the logic barriers that make them vulnerable to infodemics.

As you engage with people around you, be mindful of how their experiences shape their decisions. Rather than casting judgment, push for two-way dialogue and common understanding.

Sure, there are people who will never meet you in the middle, and over the past 15 months you may have found yourself spiraling into an angry social media shouting match. But did it do anyone any good?

Probably not.

As infodemic managers, we need to meet people where they are, and provide science-backed messages that make sense to them and resonate with their worldview. Only then can we empower people to be infodemic managers themselves and build a culture of information literacy in the world around us.

### Step 4: Become an official WHO infodemic manager

You may be saying, "Me? But I'm data person" or "I'm a community organizer" or "I literally just read my first literacy primer." Great – you sound perfect! We need smart people from all disciplines and professional backgrounds to manage infodemics on all fronts – online and offline.

Submit your application by 9 May 2021, and you could be joining us for the 2nd-ever global infodemic manager training hosted by WHO, the US CDC, ECDC, and UNICEF.

By becoming a WHO-certified infodemic manager, you'll join a pool of consultants supporting national responses in countries around the globe.

And then, you will truly be your own infodemic manager. ■

More info at:

<https://www.linkedin.com/pulse/what-role-does-literacy-media-health-digital-level-affect-d-purnat/?trackingId=a3GAlmKR82mY4uqnPlzRA%3D%3D>

<https://www.who.int/news-room/articles-detail/call-for-applicants-for-2nd-who-training-in-infodemic-management>





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# Enjoying the small and big things of life



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## **EVELYN KORTUM, OUTGOING FICSA GENERAL SECRETARY AND WHO STAFF MEMBER**

I was elected General Secretary to the Federation of International Civil Servants (FICSA) in February 2019 for a two-year term. Although Dr. Tedros, the Director-General of WHO, was new and not familiar with FICSA, he learned about its importance and granted my release. I was, and still am, very grateful for the confidence that was put in me. I was not quite sure what I was getting myself into, but I felt excited about taking up my new tasks, about learning new topics and working with a new team serving the membership.

Two years later, I believe I have accomplished what I aimed at accomplishing. In my inaugural speech, I endeavored to raise awareness about the purpose and the importance of FICSA as our common voice on our common issues. I promised to work with clarity, and to focus my attention on my

new role. During my time as General Secretary, I managed to increase communication with the membership. Together with my team, I issued more than 220 communications and many, many circulars to the membership. Our communication channels were open and improved through a more accessible and clear composition of the FICSA website. I revamped the documentation for the FICSA Council, as I always thought there was too much to read and that it was far too complicated and repetitive. The format was not suitable for the current times of information overflow and so I introduced summary sheets with few links that easily provided an understanding of issues under discussion. I also streamlined the work of the secretariat, and this resulted in higher efficiency and satisfaction for all.

Obviously, I would not have been able to do anything without such an excellent team.

My colleagues, team assistant Marie-Paule Masson and Information Officer, Irwan Mohd Razali, and more recently our accountant, Yvonne Bieri, are the pillars of the Secretariat. I am eternally grateful to them for their support and their excellent human qualities. I am also grateful to the interns who passed through the office, learning about FICSA and at the same time contributing immensely. I have enjoyed excellent working relations with the two Presidents, Brett Fitzgerald and Tanya Quinn-Maguire and consider myself extremely lucky to have been able to work with them and with the Chairs and Vice-Chairs of the Standing Committees, the Regional Advisers, the FICSA lawyers, and a large part of the membership.

During my term, it was confirmed once again that active communications is primordial for good collaboration, for understanding of issues and for taking appropriate actions.

However, it is also evident that it is not only the FICSA Secretariat that needs to be active. FICSA belongs to its membership, or better: FICSA is its membership, and, therefore, requires action from those who have been put into place by staff to represent them.

Unfortunately, all too often I learnt that the important information that was sent from the Secretariat, did not reach our members' constituents, the staff bodies. This was unfortunate in many cases. I have seen some improvements over the last few months, but I hope that when you read this, you might reconsider your information flow.

The same approach is important for intra-sessional periods, i.e., in between FICSA Councils. Standing Committee Chairs should more actively invite members to provide updates on pertinent issues throughout the

year and enhance and repeat messages contained in the Standing Committee reports destined to the membership. As Cosimo Melpignano (Mino) is now the incoming General Secretary, I am confident that regular outreach sessions will continue with the membership, the Chairs and Vice-Chairs of the Standing Committees, the Regional Advisers and, of course, the elected officers in the Executive Committee.

Please also take advantage of the upcoming 'Ask the FICSA expert online sessions' as they will help you guide your way as an international civil servant on many important topics.

I have one plea to the FICSA membership. Please consider applying for positions of the Executive Committee. You can become an expert in many important issues. You may also want to consider applying

for the fully released positions of the President or General Secretary to guide the membership through the important years to come. The texture of working life will change even more radically, and job security, as well as benefits including staff health insurance and the pension fund, will need to stay highly performing and in place. This is worth fighting for fellow colleagues! I urge all of you to be supportive of each other, show solidarity and compassion, be creative and daring and remember that 'only the sky is the limit', if you so wish.

Last but not least, I will continue to support the team until I leave the international civil service for good this summer. I have been working with several UN agencies during the last 31 years, but mostly with the WHO, where I have felt most at home.

I consider myself to have been extremely lucky once I could accept that the ups and downs of life in general, and work life in particular, were part of being human and form the basis for lifelong learning. No ups without downs, that is the rule! I now need to go on a finding mission and see what the world out there is like these days. I expect many more adventures to come and opportunities to enjoy more of the small and big things of life. ■

More info at <https://ficsa.org>



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# Journal de bord de deux agents de sécurité

*Quatorzième  
congrès des  
Nations Unies pour  
la prévention du  
crime et la justice  
pénale.*



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**CHRISTIAN DAVID, ONUG**

Avec Boris, mon collègue de la sécurité à l'ONUG, nous avons été désignés pour assister à cette conférence, initialement prévue en mars 2020. L'ONU et les autorités japonaises ont tenu à braver la morosité ambiante et reprogrammé cet événement en dépit des circonstances.

Nous devons rejoindre Kyoto depuis Genève et rencontrer

l'équipe de l'ONU constituée pour majorité par nos collègues du siège de Vienne.

Plusieurs réunions en ligne, à destination de toutes les équipes, sont organisées préalablement par John Brandolino, Secrétaire exécutif du Congrès. Le voyage peut commencer. Bienvenue dans ce monde parallèle. L'aéroport de Genève est vide ou presque. Nous avons la sensation d'être privilégiés

et ressentons cet étrange décalage en voyant ces très rares guichets ouverts pour l'embarquement. Ce dernier se déroule dans un quasi silence interrompu seulement par de brèves annonces.

Aucune attente n'est nécessaire pour l'installation dans l'avion direction Dubaï. Notre étape de transit est plus fréquentée, les magasins «duty free» sont ouverts bien que l'activité

An advertisement for 'SWISS OUTDOOR CAMP'. The main image shows a group of children in red life jackets and colorful gear, sitting in a wooden raft on a river. They are holding paddles. In the top left corner, there is a logo for 'JFK SWISS OUTDOOR CAMP' with a Swiss cross and the text 'Start exploring now!!!'. The title 'Day or Boarding Summer Camp' is written in a large, white, stylized font across the top. On the right side, there is a quote: '"JFK Swiss Outdoor Camp is about challenges, about succeeding and exploring for children of 6 to 13 years old. It's about learning and teaching with nature but most of all, it's about living."' At the bottom, there is a dark blue banner with the text 'Gstaad - Switzerland' on the left and 'www.swissoutdoorcamp.ch' on the right.



soit évidemment réduite. Nos étapes, dans cet immense aéroport, sont ponctuées par les contrôles habituels, les prises de températures et il faut montrer notre test PCR négatif à plusieurs reprises. Comme pour le vol précédent, l'avion pour Osaka est à moitié plein. Les hôtesses de l'air ont davantage une allure d'infirmières avec leurs gants, leurs sur blouses, leurs masques et leurs écrans translucides. Arrivés au Japon, nous constatons qu'une organisation extrêmement rigoureuse a été mise en place. Les passagers sont regroupés par groupes de vingt. Ils franchissent îlots de vérifications et attendent assis sur des chaises de pouvoir passer à l'étape suivante. Un test salivaire est pratiqué, les résultats sont affichés au bout d'une heure sur un tableau lumineux. Entre temps, nous avons été pris en charge par trois étudiants qui nous facilitent le passage

jusqu'à la navette nous conduisant à l'hôtel.

Le lendemain, nous rencontrons nos collègues de Vienne. Kyoto, la ville au milieu des collines, nous apparaît enfin quand nous rejoignons le siège du Congrès, le centre international de conférences, un édifice dédié à ce genre de manifestations. Entouré par un parc, il est constitué de quatre bâtiments, plusieurs entrées permettent alternativement aux participants ou aux invités et autorités d'accéder à l'enceinte.

Nous rencontrons Bernhard Kossgasstner, notre superviseur direct et Robert Telenta le directeur des opérations. Ces derniers nous donnent toutes les informations opérationnelles. Nous prenons nos marques, effectuons une visite détaillée du site et prenons connaissance des consignes et affectations de chacun.

Des recommandations strictes ont été établies par les autorités japonaises et l'ONU: Il ne sera pas permis de sortir de nos hôtels pendant le séjour et ce, pour limiter au maximum tout risque de contamination. Les participants sont guidés par des agents de plusieurs sociétés de sécurité privées jusqu'à l'entrée. Une prise de température sur écran donne le feu vert et ils peuvent se diriger vers le périmètre d'identification où ils sont préalablement contrôlés avec leurs bagages. Un badge d'identification leur est remis à un guichet dédié.

Après avoir traversé un périmètre sur lequel des stands délivrent des informations relatives à la thématique du congrès, les congressistes peuvent accéder aux salles.

En cette période particulière, l'accent a été mis sur la participation en ligne et la plupart des interventions à haut niveau ont été réalisées de cette manière. Des réunions thématiques se sont déroulées repertoriant différentes approches pour faire face et juguler la criminalité sous toutes ses formes. L'impartialité de la justice, son accès égalitaire pour tous, la réinsertion, le respect des identités culturelles, la prévention, la peine capitale sont autant de sujets qui furent abordés pendant cette conférence. La totalité des sujets abordés peuvent

être consultés sur le site web de la conférence.<sup>1</sup>


C'est donc uniquement derrière les vitres de la navette que nous avons pu découvrir, la ville de Kyoto, ses maisons rapprochées à l'architecture particulière. Même si une frustration demeure de ne pas avoir pu visiter, elle est cependant modérée par l'envie de revenir, notamment provoquée par nos collègues interprètes qui nous ont encouragé à connaître cette culture et vanté l'abord artistique et traditionnel que revêt leur pays. Un feu d'artifice est tiré dans le parc pour clore cette conférence. Les lumières multicolores resteront pour nous l'image de ces quelques jours: éphémères et trop brèves.

Le retour à Genève, ponctué des mêmes étapes qu'à l'aller permet de mieux réaliser quel privilège nous a été accordé de voyager à l'autre bout du monde. ■

<sup>1</sup> <http://www.moj.go.jp/KYOTOCONGRESS2020/en/index.html>

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## Langues des signes et minoritaires:

# La traduction a le vent en poupe

*Cet automne, la Faculté de traduction et d'interprétation de l'Université de Genève lance la première formation continue en traduction à destination des sourds. Une formation qui permettra enfin aux sourds d'apprendre leur métier dans leur langue maternelle, et qui met en lumière l'importance croissante de la traduction dans les langues minoritaires.*



### BRIGITTE PERRIN, UNIGE

Se former à la langue des signes au niveau universitaire est un parcours du combattant, et pour les sourds, c'est un véritable casse-tête. Pour en venir à bout, l'Université de Genève (UNIGE) enseignera bientôt la traduction en langue des signes française et italienne pour les sourds. «Ce n'est pas seulement une tendance, c'est aussi l'évolution des lois fédérales qui permet aujourd'hui aux langues minoritaires, dont la langue des signes fait partie, de se développer», explique Pierrette Bouillon, doyenne de la Faculté de traduction et d'interprétation (FTI). «On va aujourd'hui vers un enseignement plus inclusif. On sensibilise les institutions de formation comme le tissu économique au problème de la surdité, et on donne de plus en plus de chances aux personnes sourdes sur le marché du travail. L'accessibilité est également au centre des objectifs de développement durable et c'est notre devoir de l'encourager», ajoute Irene Strasly, collaboratrice scientifique et coordinatrice des formations en langue des signes.

### Des lois pour soutenir les langues minoritaires

De nombreuses lois comme la

Convention relative aux droits des personnes handicapées (CDPH) de l'ONU, obligent à rendre les informations disponibles pour tous, au niveau international. En Suisse, la Constitution fédérale assure la protection des langues minoritaires. La loi fédérale sur l'élimination des inégalités frappant les personnes handicapées (LHand) assure quant à elle le droit d'accéder à l'information dans sa propre langue. Ces dernières années, la «langue facile» s'est aussi beaucoup développée dans le domaine administratif, pour assurer un accès facilité à l'information pour tous.

«La traduction automatique vers la langue des signes est un domaine de recherche très actif, mais qui en est encore à ses débuts», explique Irene Strasly. «Cette nouvelle nécessité d'inclusion va stimuler la recherche universitaire. De plus en plus de projets de recherche sur la langue des signes voient d'ailleurs le jour dans l'Union européenne.»

### Différents cursus pour différents publics

Il y a deux voies pour se former à la langue des signes à l'UNIGE. Tout d'abord, un

Bachelor en communication multilingue, pour les personnes francophones souhaitant obtenir un niveau B2 en communication avec la langue des signes. Celui-ci donne accès à des maîtrises en traduction ou interprétation et permet de faire un cursus complet avec la langue des signes, jusqu'au doctorat. Il y a ensuite une formation continue pour la traduction vers la langue des signes, qui s'adresse à des personnes sourdes uniquement. Ces dernières n'ont souvent pas accès aux cursus universitaires standards. Pourtant, elles doivent pouvoir prétendre comme tout le monde à des métiers qui impliquent leur langue maternelle. À ce jour, les formations pour personnes sourdes restent rares en Europe et cette formation est la première en Suisse.

Ces deux formations proposées par l'UNIGE sont nées dans le cadre du Centre de communication sans barrière, un projet soutenu par Swissuniversities et le Secrétariat d'état à la formation, à la recherche et à l'innovation (SEFRI), qui vise à rendre l'enseignement tertiaire plus inclusif.

### Audiovisuel et internet: une demande croissante

Dans le cursus de formation continue, les sourds apprendront à traduire des documents littéraires, scientifiques ou juridiques écrits en français ou en italien vers la langue des signes française ou italienne. Les traductions sont filmées. Les diplômés pourront notamment traduire les sites internet de différentes entreprises. Par exemple, l'OFSP emploie des personnes sourdes pour traduire des nouvelles en lien avec le COVID. La deuxième année d'étude sera focalisée sur l'audiovisuel. De plus en plus de documentaires et d'émissions de télévision sont traduites, à la demande de la RTS, de la RSI et de SWISS TXT, qui mettent à disposition les locaux et le matériel audiovisuel aux participants. Comme les interprètes entendants, les diplômés pourront devenir membres des associations d'interprètes-traducteurs.

«Il serait intéressant de dupliquer ce format de formation à destination des sourds pour les autres langues minoritaires», remarque Pierrette Bouillon. «Les problèmes des langues et de la migration m'intéressent énormément et il y a beaucoup à faire dans les domaines des technologies ou



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de l'interprétation communautaire ou en zone de conflit.»

### La langue des signes à l'ONU

«Par la suite, nous aimerions créer une formation pour des interprètes sourds qui travaillent entre langues des signes de différents pays», se réjouit la doyenne de la FTI. «Ce serait un plus pour les Nations Unies, car la demande y est très forte, tout comme au niveau européen. Nous espérons pouvoir collaborer avec des universités européennes également.» A l'ONU, c'est pour l'heure les signes internationaux qui sont utilisés, une sorte de code qui s'est créé au fil des conférences internationales. Aujourd'hui, la

tendance est à l'interprétation dans les langues nationales, par exemple vers la langue des signes des langues officielles de l'ONU. Bientôt une section langue des signes à l'ONU? «Nous l'espérons beaucoup, évidemment, cela créerait des ouvertures d'emploi et serait une reconnaissance pour toute cette communauté», conclut Pierrette Bouillon.

### Langues minoritaires: une responsabilité de préservation

«Nous observons un soutien croissant aux langues minoritaires à travers le monde. Les communautés luttent pour la préservation de leur langue», observe Pierrette Bouillon.

«A l'ONU comme au sein des institutions européennes, on recentre certains budgets de traduction vers les langues minoritaires. On va chercher aujourd'hui à évaluer les vrais besoins, plutôt que d'aller vers la traduction systématique de documents internes; on va choisir les cibles pour la traduction. À l'OMS par exemple, dans le cadre de la communication sur le COVID, on met à disposition un maximum de documentation dans les langues africaines ou des pays en développement.»

### Vers une diversification des métiers de traducteur/interprète

L'évolution vers la traduction automatique est vue de manière très positive par les experts du domaine, qui font face à toujours plus de contenus à traduire et à interpréter. La diversification des métiers à laquelle on assiste est riche: post-édition, traduction de textes numériques, problème de la traduction intralinguistique vers des langues faciles, ingénieur multilingue, etc. Le traducteur restera malgré tout le garant dans le processus, pas seulement en tant que vérificateur de la qualité, mais pour intervenir dans le développement des systèmes de traduction automatique. Aujourd'hui, les traducteurs sont formés à cette multidisciplinarité et l'univers des possibles s'élargit de plus en plus.

Depuis mars 2020, le passage systématique aux outils de visioconférence a changé la donne en matière d'interprétation en ligne. «La crise a accéléré le processus, mais le mouvement de fond était déjà en cours: l'interprète ne se déplacera plus autant qu'auparavant», explique Pierrette Bouillon. «Ce passage au virtuel va augmenter la demande en interprétation car il sera plus facile de mettre en contact des interprètes de langues différentes. Il y a tout un champ de recherche qui va s'ouvrir pour savoir quels seront les outils les plus appropriés et quelles seront les pertes par rapport au présentiel.»

L'enseignement à distance, quant à lui, a fait réfléchir l'institution genevoise à l'opportunité de proposer des formations continues entièrement à distance pour le public international. ■

Formation continue (CAS/DAS)  
Traduction pour traducteurs sourds, en partenariat avec l'ARILS (Association romande des interprètes en langue des signes) et l'ILISSI (Interpreti di lingua dei segni della Svizzera italiana): <https://www.unige.ch/formcont/cours/das-trad-sourd>

Bachelor en communication multilingue, option langue des signes en partenariat avec la Fédération Suisse des Sourds (SGB-FSS) et la Fondation PROCOM: <https://www.unige.ch/fti/fr/enseignements/ba-multilingue/>



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Dossier

# Le noma, l'horreur d'une maladie



DOSSIER RÉALISÉ PAR CHRISTIAN DAVID, ONUG

En ces temps troubles, chacun d'entre nous se préoccupe et s'inquiète de sa santé. Cette priorité semble pourtant tellement dérisoire. Imaginez simplement le drame de voir son enfant défiguré de manière atroce, irrémédiable et mourir dans plus de 80% des cas alors que les causes de cette maladie sont connues: misère et malnutrition.

Plusieurs personnes apportent leurs témoignages; certaines ont lutté dans l'ombre depuis des années, leur courage force l'admiration. Le nôtre, amis lecteurs, est de lire ces articles et peut-être de soutenir ceux qui luttent, d'une manière ou d'une autre. ■



oubliée



Entretien avec Brigitte Pittet-Cuénod

# Le noma est un problème de santé publique!

*Brigitte Pittet-Cuénod, récemment retraitée, a occupé les fonctions de Professeure ordinaire au Département de chirurgie, Faculté de médecine UNIGE, Médecin-chef du Service de chirurgie plastique, reconstructive et esthétique, HUG.*



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**CHRISTIAN DAVID, ONUG**

**Pourquoi le noma a-t-il représenté une partie aussi importante dans votre carrière?**

Depuis l'enfance, j'imaginai que j'irais soigner en Afrique. J'étais attirée par des activités missionnaires. Ces idéaux de jeunesse ont été renforcés au fil du temps. Après avoir terminé mes études de médecine, j'ai choisi ma spécialité. J'ai alors pensé que mon métier et mes rêves d'enfant seraient difficilement compatibles. Pendant ma formation en chirurgie plastique et reconstructive, j'ai rencontré des personnes qui souffraient de

séquelles de brûlures ou malformations. Plusieurs enfants africains, souffrant du noma, avaient été transférés pour des reconstructions du visage. J'ai alors compris que c'était ma voie et je me suis investie pour développer ce programme. Le Professeur Montandon avait initié cette activité au sein du service, je l'ai accompagné. Ma première mission s'est déroulée au Niger pour contrôler l'évolution de nos patients. Il s'agissait de déterminer les résultats fonctionnels et la réintégration des enfants dans leur vie. Nous nous sommes alors rendu compte de l'existence de

cas moins graves qui pouvaient être soignés sur place. A partir de l'année 1994, nous avons commencé à organiser des missions chirurgicales.

**Quelles sont les difficultés médicales et logistiques de ce genre d'opérations?**

Il existe toute une palette d'actes médicaux qui peuvent aller du plus simple à l'extrême complication. Tout dépend de ce que la maladie a détruit. Le soin initial consiste à des soins de réhydratation. 50% des enfants africains souffrent de gingivite. Quand l'inflammation se transforme en nécrose, cette

dernière est une plaie vive qui laisse des séquelles: la moitié du visage a été rongée: la joue, le nez, l'os maxillaire et parfois l'œil. La cicatrisation de la plaie contracte les tissus et peut bloquer la mâchoire. A ce stade, une reconstruction faciale peut être envisagée. Techniquement, nous avons besoin de peau, de muscle et d'os. Il faut une grande surface de peau pour reconstruire l'intérieur de la joue. Nous prélevons des lambeaux de peau au niveau du dos, du thorax, sur la face antérieure de la cuisse. Nous allons aussi couper un axe vasculaire qui sera reconnecté au niveau du cou. Il s'agit d'interventions microchirurgicales très lourdes qui durent une dizaine d'heures. Les enfants sont opérés plusieurs années après la phase aigüe, ils doivent à ce moment être en bonne santé et les ONG sur place les «préparent».

Les techniques ont évolué, nous avons développé et partagé des concepts de reconstruction. Les défis sont extrêmement compliqués et sans commune mesure avec ce à quoi nous sommes confrontés dans nos pays occidentaux. Nous n'avons pas trouvé la bactérie. La seule certitude est que c'est la pauvreté intolérable qui est responsable et que c'est un problème de santé publique. Nous travaillons de concert avec les ONG sentinelles, Terre des hommes, l'association d'entraide des mutilés du visage. Nous avons pu les accueillir aux HUG qui nous soutiennent pleinement.

#### Est-ce difficile à supporter?

Il y a des moments horribles lorsqu'en mission nous voyons arriver des petits enfants en phase aigüe dont l'état est particulièrement grave. Heureusement, d'autres moments sont magnifiques

notamment quand les enfants se réveillent après une opération et que leurs regards sont chargés d'émotion.

Une reconstruction du visage cela ressemble à de l'artisanat; la reconstruction d'une joue, d'un nez, d'une lèvre n'est jamais à l'identique et pour chaque opération il faut réinventer les techniques. Il est clair aussi que le résultat esthétique est loin d'être parfait mais les enfants nous sont en général extrêmement reconnaissants car les stigmates de la maladie, s'ils sont encore visibles au travers des cicatrices, n'ont rien à voir avec les terribles dégâts qu'il a fallu réparer. Ces enfants se sont battus depuis leur tendre enfance pour survivre, pour exister malgré un visage détruit et, ce visage reconstruit, même imparfait, va leur donner un nouvel élan une chance pour l'avenir. Une jeune femme que je suis depuis plus de trente


ans et à qui il manquait plus de la moitié du visage vient de réussir son master en droit et à pour objectif de devenir avocate. (cf photos Sanou Tene Laurence, lors de son premier transfert à l'âge de 3 ans, puis cet automne 30 ans plus tard lors de son dernier transfert, il serait possible d'obtenir son accord pour la publication des photos si nécessaire). ■

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## Témoignage de Bertrand Piccard

# Le noma, visage de l'horreur



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### BERTRAND PICCARD

Aucun mot, ni aucune description, ne suffisent à décrire l'atrocité du noma. Seules les photos, presque insoutenables, de ces petits visages rongés par la maladie permettent de se rendre compte de ce que vivent ses victimes. Ces visages, je les ai vus de mes propres yeux et ils m'ont changé à jamais.

Le noma est une nécrose virulente qui se développe dans la bouche et détruit les tissus mous et osseux du visage. Du grec « nomein » qui signifie dévorer, la maladie se développe dans des conditions d'extrême pauvreté, lorsque le manque d'hygiène et la malnutrition affaiblissent le système immunitaire. Ses victimes sont pratiquement toutes des enfants âgés de 2 à 6 ans.

Sans traitement, le noma est fatal dans 80% des cas et laisse les survivants dans un état de mutilation épouvantable.

Si le noma naît de la malnutrition, il se développe par l'ignorance de l'entourage à son début. En effet, un traitement précoce avec quelques doses d'antibiotiques dès l'apparition des premiers symptômes suffirait à stopper la progression de la gangrène.

Pourtant, passé ce stade, il ne reste plus que la chirurgie réparatrice, coûteuse et douloureuse, pour redonner à ces enfants une apparence humaine. Comment tolérer qu'une telle souffrance subsiste encore aujourd'hui alors même que nous savons comment l'éradiquer?

À la suite de notre tour du monde en ballon sans escale en 1999 avec Breitling Orbiter 3, Brian Jones et moi-même avons décidé de créer la Fondation Winds of Hope afin de lutter contre les souffrances inconnues et négligées.

Dès que nous avons eu connaissance du noma, nous avons décidé de dédier cette fondation à l'éradication de cette maladie. En effet, le noma est encore largement sous-estimé car c'est une maladie négligée. A tel point qu'elle est même encore absente de la liste des maladies tropicales négligées de l'OMS! Une injustice terrible, quand on sait qu'environ 150 000 enfants sont atteints de la maladie chaque année. L'une des premières missions de Winds of Hope fut de former

un agent de santé à la prévention et à la détection dans chaque village. Maintenant que l'insécurité liée au terrorisme nous empêche de voyager en Afrique Subsaharienne, nous continuons la prévention en soutenant des acteurs locaux qui s'attaquent aux racines de la maladie et évitent ainsi d'en soigner les conséquences. Et nous mettons la priorité sur le plaidoyer, en faisant connaître le noma et en mobilisant l'action internationale, tout en fédérant les différents acteurs de ce domaine.

Sur ce dernier point, conscient de la nécessité de mettre toutes les forces utiles afin de résoudre cette injustice, nous avons créé la Fédération Internationale NoNoma en mars 2002. Elle regroupe aujourd'hui une trentaine de membres (ONGs, associations et fondations) qui collaborent en vue de développer des synergies locales et internationales tout en respectant un code éthique commun.

Même si des avancées ont été faites dans la lutte contre le noma, et que des associations continuent de se battre sans relâche pour aider ses victimes, nous devons aller beaucoup plus loin. Il est temps d'accorder à cette lutte l'importance qu'elle mérite. Le premier véritable succès serait de voir enfin le noma figurer sur la liste des maladies négligées de l'OMS. ■

<https://bertrandpiccard.com/humanitaire-winds-of-hope>

Entretien avec Jean Ziegler

# Une maladie engendrée par la misère

*C'est toujours un privilège de parler avec Jean Ziegler tant cet homme est attachant, convaincu et toujours prêt à partir au combat pour faire partager ses convictions. A l'image de son implication dans la société, son histoire avec l'Organisation des Nations Unies est longue et parsemée d'épisodes et de responsabilités qui l'ont conduit à prendre des positions affirmées et sans concession.*



**CHRISTIAN DAVID, ONUG**

**En quelles circonstances avez-vous pris connaissance du problème du Noma ?**

En tant que premier rapporteur spécial des Nations Unies pour le droit à l'alimentation, j'ai eu l'occasion, avec mes collaborateurs de constater par moi-même, les ravages horribles du noma. Il s'agit d'une maladie engendrée par la misère et la sous-alimentation dont les symptômes étaient déjà connus dans l'antiquité. Elle provoque environ 150 000 décès par an en Afrique, dans le sud est asiatique et en Amérique du sud. Le noma est une forme de gangrène foudroyante. Il dévore le visage des enfants de 3 à 6 ans malnutris qui ne possèdent pas les défenses immunitaires nécessaires. Il s'ensuit une gingivite, un œdème et une nécrose. A ce stade, l'enfant peut encore être sauvé en 48 heures par des antibiotiques coûtant moins de 5 euros. Dans les pays où les parents ne disposent pas de cette somme, qui peut paraître

dérisoire en Europe, l'enfant est laissé à la merci de la maladie. Il est souvent abandonné par sa famille qui le cache et a honte. On estime que seulement 20% des malades sont détectés. Ils dorment avec les bêtes et meurent au bout de quelques semaines. Cette maladie est une vision d'horreur absolue, la nécrose détruit littéralement le visage, les tissus, les os et jusqu'à la mâchoire qui est scellée et empêche l'enfant de s'alimenter. Les chirurgiens qui se rendent sur place ou accueillent des malades, en Suisse et en France, parviennent à effectuer une reconstruction partielle des visages dans certains cas. La pandémie a aggravé la tragédie car les chirurgiens, ONG et associations qui se rendaient sur place ne peuvent plus se déplacer. Il en résulte une augmentation des cas. En raison de la crise sanitaire, 235 millions de personnes ont été poussées dans l'abîme de la faim auquel il faut les ajouter 867 millions de sous-alimentés graves et permanents. De

ce fait, toutes les maladies liées à la faim sont en augmentation exponentielle. Plus largement, la pandémie, ajoutée au djihadisme, détruit les économies africaines à cause de la réduction des échanges. De surcroît, les Etats occidentaux qui financent le budget du Programme Alimentaire Mondial ont réduit leur financement d'un tiers.

**Que font les pays, les organisations internationales et la recherche médicale pour faire face à cette situation ?**

Pour que des moyens soient affectés au traitement du noma, il faudrait que celui-ci figure sur la liste OMS des maladies tropicales négligées. Années après années, cette demande est formulée mais n'aboutit pas. La bureaucratie de l'OMS oppose un refus incompréhensible et scandaleux. L'inscription sur cette liste permettrait de mobiliser des moyens financiers publics et sauverait des milliers d'enfants dans les pays pauvres. Les arguments

de l'OMS sont absurdes. Comment prétendre que cette liste est déjà trop longue et que la maladie n'est pas contagieuse ? Je pose cette question : la faim est-elle contagieuse ? Pourtant, des programmes de l'OMS existent sur le terrain en Afrique. Plusieurs fois des pays africains ont demandé l'ajout de la maladie sur la liste mais ils ont échoué. Dans le domaine de la recherche médicale, peu de moyens ont été mis en œuvre. Les médicaments permettant de combattre le noma sont peu coûteux, donc peu rentables pour les industries pharmaceutiques et les victimes insolvables. Une nouvelle fois, la recherche du profit prime sur l'exigence humaine. La seule façon d'éradiquer ce fléau est de mobiliser l'opinion publique. Il est intolérable que le droit à l'alimentation soit bafoué de cette manière et qu'un voile d'indifférence soit tiré sur cette maladie de l'horreur. ■

## Témoignage de M<sup>me</sup> Morard

# ONG Sentinelles

CHRISTIAN DAVID, ONUG

**Vous revenez d'une mission sur le terrain, quelle est votre analyse sur les situations rencontrées?**

La situation sécuritaire qui prévaut au Niger et au Burkina Faso a un impact direct sur le suivi médico-social des enfants et jeunes adultes atteints de noma et sur les actions de sensibilisation de Sentinelles. Certaines régions ne sont plus accessibles pour nos équipes (Tahoua, Tillabéri, Diffa au Niger, de même que le Sahel, le Nord et une partie de l'Est au Burkina Faso) ou alors de manière restreinte. Le suivi médico-social des enfants vivant dans ces zones peu sûres est réalisé dans les localités les plus proches de leur domicile, encore atteignables sans risques. Il n'est donc parfois plus possible de rencontrer les enfants dans leur environnement familial et social et de vérifier de visu leur état de santé physique et émotionnel, de même que la mise en œuvre de plans individuels d'actions. En effet, l'approche développée par Sentinelles prend en compte la scolarisation des enfants, la formation, le développement d'activités génératrices de revenus et/ou l'octroi d'aide alimentaire au besoin.

Dans ces territoires instables, les messages radiophoniques, le recours à des relais communautaires complètent ou parfois remplacent les traditionnelles séances de sensibilisation auprès des villageois, des personnels de santé, des



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autorités civiles, traditionnelles et religieuses. A la fois, en raison de l'insécurité et de la pandémie, des missions chirurgicales européennes ont été repoussées, augmentant la liste des patients en attente d'une chirurgie reconstructrice.

La conjugaison des attaques de groupes armés non étatiques et leur lot d'exactions, la situation sanitaire, les conditions climatiques extrêmes ont affaibli encore un peu plus une frange de la population déjà exsangue. Tout cela fait le lit du noma et laisse déjà présager une augmentation des cas d'ici deux ou trois ans. En même temps, le nombre inhabituel d'admissions d'enfants avec un noma au stade de nécrose arrivés en à peine quelques jours à notre Centre d'accueil de Zinder a interpellé et bouleversé même nos collaborateurs les plus aguerris. La plupart des enfants parvenus à Sentinelles en fin d'année dernière et en ce début 2021 sont très dénutris et sévèrement anémiés. Dans

notre petite salle de soins, nos infirmières leur ont retiré des fragments entiers de peau et d'os. Elles savent combien le parcours sera long pour que le petit Abou et les autres retrouvent leur visage.

**Quelles seraient, selon-vous et selon Sentinelles, les actions à entreprendre à grande échelle pour éradiquer ce fléau?**

L'offre insuffisante de santé et la difficulté d'accès aux soins, la méconnaissance de ce fléau au sein des populations et en milieu médical, les croyances autour de cette maladie représentent un cocktail fatal pour les enfants vulnérables au noma. Le renforcement des compétences des personnels de santé et les actions de sensibilisation à grande échelle demeurent essentiels. Des réseaux de formation et d'information denses impliquant les secteurs publics et non gouvernementaux, la vaccination, constituent autant de leviers dans la lutte contre le noma. Il s'agit là d'activités

à effectuer sans relâche au risque que les connaissances et engagements se perdent au gré des rotations de personnel au sein des structures de santé notamment. L'état nutritionnel des femmes enceintes et allaitantes reste une priorité absolue, car il tend à un bon système immunitaire chez l'enfant. D'autre part, nombreux sont les acteurs sociaux à plaider en faveur de l'inscription du noma sur la liste des maladies tropicales négligées de l'OMS et Sentinelles les rejoint tant les retombées seront positives en termes de prévention, de traitement et de recherche. Des mesures concrètes d'aide aux familles menacées par la malnutrition favoriseront sans doute la diminution des cas de noma et sur ce point, le défi est immense. ■

<https://www.sentinelles.org/notre-action/nos-programmes>

Entretien avec Benoît Varenne

# Programme de santé bucco-dentaire de l'OMS

CHRISTIAN DAVID, ONUG

**Depuis quand vous intéressez-vous à cette maladie et quelles sont les actions prises par l'OMS?**

Je me suis effectivement intéressé au noma depuis ma thèse de doctorat en 1994. Cette même année, un programme a commencé. Le noma a été déclaré problème de santé publique et était géré par le siège de Genève. Par la suite, ce programme a été décentralisé au bureau régional de Brazzaville dans les années 2000. J'ai moi-même rejoint ce bureau en 2010. Cela fait donc pas mal de temps que l'OMS investit, avec peu de moyens, dans le soutien des pays pour que soient mises en place, des interventions de prévention et de prises en charge des cas, principalement en Afrique. L'OMS travaillait avec des partenaires qui appuyaient son action. Winds of hope, créé par Bertrand Piccard, ma été le premier. entre 2002 et 2014, ils ont financé des activités et en partie le programme régional de l'OMS. Il y a maintenant une autre ONG allemande Hilfsaktion. Elle accomplit un travail remarquable et appuie l'OMS avec des niveaux de budgets assez importants. Cette ONG accompagne d'une part le programme régional et également le programme à Genève que je dirige pour mener les études. De nombreux pays sont aidés en Afrique, notamment sur la planification de projets



© Winds of Hope

visant à sensibiliser les populations, prendre en charge des cas en intégration avec d'autres activités.

**Comment expliquer que l'on ait toujours pas trouvé de remède?**

Le noma reste une maladie isolée et méconnue. Un certain nombre de recherches ont été entreprises depuis les années 50. Nous venons de terminer, avec l'université d'Oxford, une revue thématique, bientôt disponible sur le site de l'OMS, de tout ce qui a été publié depuis 1800. Les derniers cas découverts en Europe se trouvaient dans les camps de concentration. Nous nous sommes rendus compte que des études ont été publiées dans tous les pays du monde depuis des siècles. Ce n'est pas un problème spécifique à l'Afrique. Enormément de questions restent posées. On ne connaît toujours pas les causes étiologiques de cette maladie. Nous savons que cela touche les enfants entre 2 et 6 ans qui vivent dans la pauvreté mais des études comparatives

entre villages proches n'ont pas permis de déterminer où se situe le facteur déclenchant. Dans ce cadre, le rôle des ONG est primordial, elles font un travail extraordinaire. Le problème est parfois que les membres de ces ONG peuvent se trouver en conflit avec le pays car ils ne comprennent pas que les enfants ne soient pas pris en charge. Il peut aussi y avoir des tensions entre ONG et il n'y a pas une voix commune.

**Pourquoi n'arrive t-ton pas à faire entre le noma sur la liste des maladies tropicales négligées?**

Il n'y a pas eu énormément de tentatives. Il y a un problème de coordination et de préparation pour le dossier qui est complexe et doit comporter les évidences, les chiffres, etc. Une résolution a été adoptée par le conseil exécutif de l'OMS en janvier dernier suite à une demande des Etats Membres d'intégrer le noma dans cette liste. Cela donne désormais un

mandat fort à l'OMS et le programme de santé orale dont dépend le noma va préparer le dossier. La prochaine inclusion se déroulera dans trois ans. Ce n'est pas gagné pour autant, ce programme ne permettra pas à lui seul de résoudre le problème car il comporte une vingtaine de maladies ce qui induit une charge de travail importante. De plus, il n'existe pas de remède connu car c'est davantage un domaine de santé publique.

Ceci étant dit, il existe plusieurs programmes de recherches, notamment en Suisse: Je pense que nous allons pouvoir constituer cette année un dossier solide. La demande doit venir des Etats membres et l'OMS peut les soutenir. n

<https://www.afro.who.int/health-topics/oral-health>

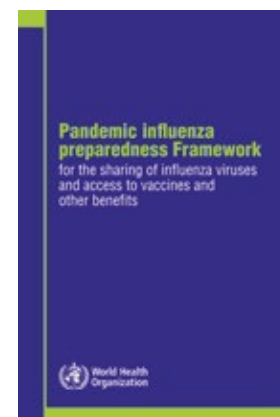
<https://apps.who.int/iris/handle/10665/337203>

<https://nonoma.org/hilfsaktion-noma-e-v/>

<https://www.youtube.com/watch?v=Mk8cHM9BBX0&list=PL9S6xGsoqIBVi45veykIbGQn2o6CEgQCY&index=4&t=34s>

# Cooperation that works

## *Reflecting on ten years of implementation of the Pandemic Influenza Preparedness Framework*



### **ANNE HUVOS, WHO**

In the early morning hours of Saturday, 16 April 2011, WHO Member States reached consensus on a pioneering approach to enhance global preparedness for – and equitable response to – pandemic influenza. Agreement on the PIP Framework<sup>1</sup> followed an all-night session of negotiations, led by two indomitable Co-Chairs, the Permanent Representatives of Norway and Mexico, Ambassador Bente Angell-Hansen and Ambassador Juan José Gómez Camacho. As the Executive Board rang with applause, the WHO Director-General congratulated the Ambassadors and Member States on this landmark achievement.

In the ensuing years, WHO has systematically implemented the Framework in partnership with industry and other partners – and over US\$ 225M has been collected in Partnership Contributions. The figure is impressive – and a reflection of the steadfast commitment of industry partners to the objectives Member States adopted in the Framework. More importantly, the investments in capacity strengthening that these funds have enabled significantly contributed to some of the earliest and continuing successes

in COVID-19 response – from national laboratory testing, to risk communications to regulatory authority capacities to approve pandemic vaccines.

On 24 May this year, Member States, partners and WHO will celebrate the 10th anniversary of the adoption of the PIP Framework by the World Health Assembly. Now is the time to take stock of what has been achieved, and what we all should focus on in the next 10 years.

### **Member State clairvoyance**

In addressing the issues that led to PIP Framework negotiations, Member States viewed things from two perspectives: the first focused on the inter-pandemic period during which the world could strengthen national and global capacities for influenza prevention and control; and the second focused on mechanisms that would ensure a future, more equitable and fair pandemic response.

### **Increasing preparedness through strengthening GISRS**

The PIP Framework's objective is to strengthen the Global Influenza Surveillance and Response System (GISRS), and to do so, it articulates clear virus sharing expectations to

be implemented by WHO Member States. Spurred by the PIP Framework, in the last decade Member States have improved their timely, systematic and regular sharing of influenza viruses with pandemic potential with GISRS Collaborating Centres, and more recently by implementing guidance issued by WHO in 2017.

In parallel, the PIP Framework Partnership Contribution (PC) mechanism, supported by influenza vaccine, diagnostic and pharmaceutical manufacturers that use GISRS, have provided critical funds to support and strengthen specific pandemic preparedness capacities. So for instance, laboratory and surveillance (L&S) capacities have markedly increased against two 10-year objectives for countries to have, on the one hand, well established core capacities for surveillance, risk assessment, and response at the local, intermediate and national level, as required by the IHR (2005), and, on the other, access to a National Influenza Centre (NIC). As reported in PIP Framework Progress reports<sup>2</sup>, since 2014, 131 countries have either started or improved their L&S systems for participation in GISRS, and 11 new NICs have achieved the standards

required for official recognition by WHO.

Support from the PIP Framework PC also leveraged considerable progress in information sharing through WHO global influenza reporting platforms, enhancing GISRS's ability to conduct meaningful and timely risk assessments and inform epidemic response measures.

The welcome result of the many preparedness capacity strengthening efforts begun in 2014 with PC funds emerged with the start of the 2019 COVID pandemic response. All forty of the countries that received PIP support for pandemic influenza preparedness planning were able to develop a COVID-19 response plan in 2020 – some within 4 months of WHO's determination of a Public Health Emergency of International Concern. On the L&S side, the GISRS network kicked into high gear and from the very beginning of the pandemic, most NICs served as the national COVID-19 laboratories. For information sharing, over 50 countries used an established influenza platform to report and share their COVID-19 data. In the African region, for example, countries with GISRS NICs were able to start



COVID-19 testing faster than other countries<sup>3</sup> and countries that had built expertise to estimate their influenza burden, were able to apply the skills to better understand their COVID-19 burden. And on the regulatory side, many of the countries that benefitted from PIP support for regulatory strengthening, were able to authorize COVID-19 vaccines within the first 15 days after the WHO issued emergency use licenses. Finally, the OpenWHO platform that was developed through PIP support, was used extensively for COVID-19 knowledge transfer: 28 different COVID-19 courses have been developed and published in 50 languages, and there have been over 5 million enrolments.

**Increasing Vaccine Equity – Preparing for a fairer & more equitable pandemic influenza response**

Through the PIP Framework, considerable progress has also been achieved to increase equitable access to future pandemic influenza vaccines and other critical pandemic response supplies. This is the result of years of work that WHO has undertaken to conclude advance supply agreements – known

as ‘Standard Material Transfer Agreement 2’ or ‘SMTA2’ – with many influenza vaccine, diagnostic and antiviral manufacturers<sup>4</sup>. For vaccines alone, WHO has signed legally binding and enforceable contracts with 14 influenza vaccine manufacturers for access to approximately 10% of their future pandemic vaccine production<sup>5</sup>. Using current influenza vaccine production technologies, this represents about 420M doses of pandemic influenza vaccine. By comparison, in 2010, WHO provided 78M doses of H1N1 pandemic vaccine to developing countries. Most of the doses secured under this mechanism will be donated to WHO in ‘real-time’ – that is, as they are produced – ensuring that all countries in need, particularly developing countries, have access to vaccines around the same time. If technological advances being used to manufacture COVID-19 vaccines can be applied to influenza vaccines, there is hope that agreements in place will allow access to a significantly higher number of doses.

Through the SMTA2, WHO has also signed agreements for access to 10 million treatment

courses of antivirals, 250,000 diagnostics kits and 25 million syringes.<sup>6</sup> WHO continues to work to conclude more agreements and increase the level of access to pandemic response products.

**Looking Ahead to the next decade**

While these developments argue for continued support for pandemic influenza preparedness investments, Member States will rapidly need to address two growing challenges if the PIP Framework is to maintain its relevance in the coming decade: the first is the increasing use of genetic sequence data which potentially allows a bypassing of the PIP benefit sharing system, threatening its foundational balance; and second is the growing importance of national access and benefit sharing (ABS) laws, notably those implementing the Convention on Biological Diversity and its relevant protocols, which have potentially significant implications for public health.

Both these external factors require urgent attention. As science steadily moves away from reliance on physical

materials for the manufacturing of vaccines or other pandemic response products, and with an increasing number of countries implementing national ABS legislation, WHO Member States and stakeholder groups must work together to safeguard the ability of WHO to continue its work to strengthen pandemic influenza preparedness through fair, equitable and innovative mechanisms such as the PIP Framework. Even as we battle to bring an end to the current pandemic, one thing is certain: the next one is coming and we have to be ready. ■

- 1 See Pandemic Influenza Preparedness (PIP) Framework (who.int)
- 2 See Partnership contribution (who.int) for all PIP Framework PC Implementation progress reports.
- 3 See <https://www.who.int/publications/i/item/pip-framework-progress-report-1-january-30-june-2020>
- 4 See [https://www.who.int/initiatives/pandemic-influenza-preparedness-framework/standard-material-transfer-agreement-2\(smta2\)](https://www.who.int/initiatives/pandemic-influenza-preparedness-framework/standard-material-transfer-agreement-2(smta2))
- 5 See SMTA2\_catA\_25aug2020 (who.int)
- 6 See SMTA2\_catB\_03july2018 (who.int)

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# Experience in eradicating polio helps COVID-19 response

*When COVID-19 arrived, polio eradication personnel pivoted to respond – proving their value for supporting essential health services, resilient health systems and emergency response in vulnerable settings.*



Dr Samreen Khalil, WHO Polio Eradication Officer, collects a sample in order to test for COVID-19 in Peshawar, Pakistan.

## **EBRU EKEMAN AND DARCY LEVISON, WHO POLIO TRANSITION PROGRAMME<sup>1</sup>**

Dr. Samreen Khalil, a World Health Organization (WHO) Polio Eradication Officer in Pakistan, carefully maneuvers the swab of the COVID-19 test she is administering. In addition to her full-time job detecting suspected cases of polio, for the last year she has been on the frontlines of the COVID-19 response.

“Before the pandemic, we used to do surveillance for acute flaccid paralysis [a key symptom of polio] in children under 15 years. But where COVID is concerned, we must consider every age group... The responsibilities of course have increased on us,” she says.

As an experienced and highly trained public health workforce, polio workers are a backbone of emergency response in many health settings. Working at a local level, and trusted by the communities they serve, they are well placed to react with speed to emerging health threats. Their training and

experience mean that they have the tools to respond appropriately and effectively. Over the years, these transferable skills have allowed the polio network to play a crucial role in responses to outbreaks of Ebola, measles and yellow fever, as well as humanitarian emergencies.

The comprehensive public health infrastructure built by the polio programme has played a significant role during the COVID-19 pandemic, underlining why polio personnel are central to strengthening health systems and global health security.

## **Adapting to the COVID-19 context**

A recent report published by WHO, *Contributions of the polio network to the COVID-19 response: turning the challenge into an opportunity for polio transition*, detailed how over the last year, thousands of polio personnel in vulnerable settings where the polio programme has a large footprint have pivoted to aid the pandemic

response. Their work has been diverse – including supporting outbreak response in Somalia, using regular disease surveillance visits to health facilities to identify possible cases of COVID-19 in Afghanistan and Syria and sharing information on the disease with nomadic communities in Kenya.

In several countries, polio emergency operations centres have been converted for the pandemic response, and polio data systems have been used to track and analyze the spread of COVID-19, in support of national health systems. In WHO’s South East Asia Region, where the last case of polio was detected in 2011, around 2600 polio and immunization staff have used their experience of managing programmes in emergency settings to respond to COVID-19. In Uttar Pradesh, India, polio micro-plans, which are used to plan vaccination campaigns, were adapted to survey 208 million people twice in three months for COVID-19, resulting in the identification of



A polio volunteer in Afghanistan teaches women in her community about symptoms of COVID-19 and how it can be prevented.

©WHO Afghanistan/Roya Haidari

over 200,000 individuals with symptoms of the virus. Meanwhile in Pakistan, in WHO's Eastern Mediterranean Region, the polio eradication call centre in Islamabad is serving as the national COVID-19 hotline, responding to up to 70,000 callers per day.

In the African Region, where the wild poliovirus was declared eradicated in August 2020, frontline health workers supported by the polio programme have long played a critical role in providing broader health services to families, including through Rotary International's PolioPlus programme.

Rotary had the foresight to know that its signature polio eradication project would have a greater chance of success if it attended to the demand for other interventions, including those related to essential immunization and primary health care. These interventions range from preventing other diseases, such as malaria, through the provision of insecticide-treated bed nets, to building trust with

communities via health camps to treat multiple conditions.

So today, having built strong relationships with their communities, health workers are well placed to provide households with information about COVID-19 prevention. In many settings, the pandemic has proven that infrastructure built for polio eradication, if sustained, can continue to serve communities.

#### **Collaboration across WHO programmes**

The COVID-19 pandemic has accelerated collaboration across the WHO between different health programmes. Efforts are now ongoing to capitalize on these developments to deliver healthcare more effectively to populations.

The immunization and polio programmes are currently working together to reach millions of children who have missed out on routine vaccinations during the pandemic, including through a joint UNICEF-WHO Call to Action to

avert major polio and measles outbreaks. The Call to Action, launched in November 2020, aims to raise funds to address dangerous immunity gaps amongst children living in vulnerable settings.

This complementary work aligns with the 'Immunization Agenda 2030', the vision and strategy for vaccines and immunization for the next decade, which has a strong focus on equity and delivering immunization services integrated with primary health care and aims to advance sustainable progress against multiple vaccine-preventable diseases.

#### **The next steps**

The speed, expertise and trust embodied by polio personnel are skills universally valued in health workers and are also crucial for the recovery of essential services and the rollout of COVID-19 vaccines to populations around the world. Teams are currently exploring how polio networks and expertise can be used to strengthen the delivery of

vaccines distributed through the COVAX facility, a global initiative aimed at equitable access to COVID-19 vaccines.

The COVID-19 pandemic has highlighted how the transferable skills of polio workers can be used to support global health security, to prepare for and avert other public health emergencies. In countries which are polio-free, the pandemic has underlined the necessity of sustaining the polio network to tackle other health needs. Doing so is a valuable investment, which would serve the long-term interest of the global and local health community. ■

For more information, read the report "Contributions of the polio network to the COVID-19 response: turning the challenge into an opportunity for polio transition" on the World Health Organization website.

1 Ebru Ekeman and Darcy Levison with contributions from colleagues in the WHO polio eradication and essential immunization programmes

# Tycho Brahé

## The astronomer with the golden nose

*A gold nose, a drunken pet moose, his own island and a bizarre death; the life of 16th century Danish astronomer Tycho Brahé was as colourful as it was brilliant, and his incredible life-long study of the Heavens was a critical step forward in our understanding of the cosmos.*

### KEVIN CRAMPTON, WHO

The life of the astronomer Tycho Brahé reads a bit like bizarre, alternate, steam-punk fiction – a man who shunned his noble birth right to become a scientist, “married” a commoner, was given an island by one ruler only to be forced into exile by the next and who created Europe’s first research institute only to die (so it was said) over a point of etiquette.

Born into the Danish nobility in 1546 and given the best education that money and status could buy, the young Tycho studied law, medicine, alchemy, astrology and astronomy, but found his passions and imagination captured by the latter when he observed a partial eclipse of the sun on 21 August 1560.

The prediction for the dating of this eclipse had been off by one day and the young Tycho developed a fascination with improving the accuracy of

astronomical measurements, reading all he could on the subject and realising that only tireless and rigorous observations night after night could build up the body of data necessary for a true understanding of the Heavens.

During his student years, he was also famed for his prodigious consumption of beer and once got into a drunken argument with his cousin over who was the better mathematician resulting in a duel in the dark in which Tycho lost the bridge of his nose and suffered a scar across his forehead. For the rest of this life he wore a prosthetic nose that was said to be made of gold. His remains were exhumed in 2010 for scientific analysis and it now seems likely that his “workday” nose was actually brass with the gold one reserved for special occasions!

During Brahé’s life, the Copernican theory of the universe



Brahé’s underground observatory at Stjerneborg.

dominated – the sun motionless at the centre of the cosmos, with the planets revolving about it in circular orbits and the rest of the stars also fixed and unchanging.

Brahé was the first to conclusively challenge this view when he observed an unusually bright “new star” in the constellation Cassiopeia in November 1572. His published work “De Nova Stella” the next year argued that because the star showed no parallax against the “fixed” star field, it must be more distant than the objects in the solar system and that the supposedly eternal celestial

spheres were indeed subject to change. We now know that the supernovae that he observed (SN1572) is 700 light years distant from Earth and remnants of its explosion can be seen in the X-Ray field and are named Tycho’s Nova.

He also studied the great comet of 1577, showing that it too belonged up with the stars but entered and moved within our solar system.

As his fame grew, so did offers to study and work in the different centres of learning of Europe but the King of Denmark – Frederick II – keen to

retain the famous scientist, gifted him the island of Hven in Øresund and funds to found an observatory – the equivalent of 1% of the country’s wealth at that time!

Tycho became the autocratic ruler of the island, creating Uraniborg – a castle complete with large quadrants and sextants from which he could continue his naked-eye observations. Named for Urania, the muse of astronomy, he soon found that his instruments, being exposed to the wind, were not steady enough for his precise observations and so created Stjerneborg next-door – an underground observatory anchored to the rock and which was excavated and restored in the 1950s and can still be visited today.

He was absolute ruler of his island and kept a pet moose, a dwarf court jester and entertained lavishly. At one banquet the moose drank such a prodigious quantity of beer that it fell down the stairs and died, shortly before Brahé was planning to include it in a racing competition with a deer.

He also built a paper mill on the island to be able to bind his own books to publish his results and invited (at its peak) some 100 scholars and students to create a thriving hub for research.

Tycho dedicated a large part of his life to the compilation of books of astronomical measurements. He was working before the invention of the

telescope, using the naked eye alone and was – at best – recording the Heavens down to 1 arc minute of precision, an astounding feat.

He developed his own Tychoian theory of the universe in which the earth remained immobile (being made of “heavy” matter) with the sun and moon revolving around it (made of “light” celestial material) but the other planets continue to revolve around the sun. He was, unfortunately to hold religiously to this incorrect view for his whole life.

Unusual for his time, Tycho chose his life partner out of love, accepting a non-noblewoman Kirsten Jørgensdatter as his wife and sharing his life with her even though they could not marry without him losing his title and knowing that his children would never inherit his titles or land.

When Frederick II died in 1588 and was replaced by his young son, Brahé’s favour and influence at court waned. His scientific work was underappreciated by the council that ruled in the new young King’s stead and his unconventional life and religious views made him unpopular.

Brahé accepted an offer from the Holy Roman Emperor in 1599 to become the Imperial Court Astronomer in Prague, building a new astronomy there and continuing work on his star catalogue. He left Denmark with regret however, penning an Elegy to Dania:

*Denmark what is my offense? How  
have I offended you my fatherland?  
You may think that what I have done is wrong  
But was I wrong to spread your fame abroad?  
Tell me, who has done such things before?  
And sung your honour to the very stars?*



The Great Comet of 1577, seen over Prague on November 12. Engraving made by Jiri Daschitzky.

It was in Prague in 1600 that he worked with Johannes Kepler and bequeathed his unfinished life’s work of measurements (the Rudolphine Tables) that allowed the younger astronomer to formulate his ground-breaking three laws of planetary motion that are still valid today and which Isaac Newton would use some 80 years later as arising from his proposed, more fundamental laws of gravity and motion.

Brahé’s life ended as colourfully as it had been lived. In 1601, according to Kepler, Brahé refused to leave a banquet (at which he’d been drinking heavily) to relieve himself as he deemed it a breach of etiquette but was then unable to pass urine at all. He suffered for 11 days from what most likely was a burst bladder and uremia before he died. There was also a suggestion that Brahé had been poisoned with mercury by jealous rivals, a victim of

court intrigue and even Kepler was once suggested by historians as a prime suspect, but exhumations of Brahé’s body in 1920 and 2010 have now conclusively disproved that and the burst bladder seems most likely.

Perhaps Brahé had some sense of what finally ended his brilliant life as the epithet he penned for himself reads, “He lived like a sage and died like a fool.” ■

The Great Comet of 1577 is a non-periodic comet that will probably never return to our skies. In November of that year it was as bright as the moon and could be seen through the clouds with a tail that spanned 60 degrees of the night sky. Brahé noted how the tail always pointed away from the sun and how it faded as the comet travelled away. The comet was observed in Peru, Japan, Vietnam, all across Europe and in China.

## Silencing the drums of war

# The world needs Disarmament for Development

ALFRED DE ZAYAS, UNSW

In a world threatened by pandemics, climate change and natural disasters, it is time to practice international solidarity and bury the hatchet. States must respect the sovereignty of other states, refrain from interfering into their internal affairs as stipulated in General Assembly Resolutions 2131, 2625, 3314, stop provocations, silence the drums of war, stop the enormously costly arms race and observe article 2(3) of the UN Charter, which requires that all disputes be solved in good faith by negotiation and peaceful means.

Although most politicians in East and West, North and South give lip service to the importance of peace for human rights and development, there is no follow-up. Instead of cutting military budgets, many States are currently increasing their military expenditures, although we can all see the consequences of neglecting investment in hospitals and health care. Our response to Covid-19 reveals the downward spiral in research for preparedness to tackle emergencies. In the first two decades of the 21<sup>st</sup> century many countries actually reduced their investment in health, education and social services, while wasting taxpayers' money into military bases, procurement, fighter-jets and lethal autonomous weapon systems. Lobbies for the military-industrial-financial complex are fuelling wars worldwide and frustrating the aspiration of humanity to live in peace.

States should refrain not only from the actual use of force in international relations, but also from the *threat* of the use of force, as stipulated in article 2, paragraph 4, of the UN Charter. This international law principle is concretized in article 20, paragraph 1, of the International Covenant on Civil and Political Rights, which specifically prohibits propaganda for war. Notwithstanding these well-known rules, many politicians engage in sabre-rattling, frequently with the support and applause

by political commentators and the mainstream media, which really should know better.

Based on the UN Charter's call to save succeeding generations from the scourge of war, civil society is leading the movement to codify peace as a human right with clearly defined individual and collective dimensions. This initiative was enshrined in the *Santiago Declaration* of 10 December 2010, which led to a draft declaration on the right to peace by the Advisory Committee of the Human Rights Council, a document manifesting a holistic approach to peace and encompassing civil, cultural, economic, political and social rights. The watered-down resolution adopted by the General Assembly on 19 December 2016 is not the end of the story<sup>1</sup>. States must listen to civil society and complete the work already started by the General Assembly in its Resolution 39/11 of 12 November 1984, adopted at the height of the cold war<sup>2</sup>. A renewed cold war suggests that a General Assembly resolution recognizing Peace as a Human Right has become all the more urgent.

What is most necessary today is for States to work collaboratively together on resolving the root causes of local, regional and international conflict, often emerging from the unrepresentative nature of governments, great injustices and inequalities prevailing in the world, the race for natural resources and the asymmetries of trade relations. Over the past seventy years many armed conflicts and several genocidal wars had their origin in the denial of the right of internal or external self-determination. There are still many indigenous peoples, non-self-governing peoples and peoples living under occupation who have a legitimate claim to self-determination. It is time for the United Nations to proactively support the realization of self-determination as a conflict-prevention strategy, requiring mediation and, where appropriate,



At the Club Suisse de la Presse with Idriss Jazairy and Guy Mettan

United Nations organized and monitored referenda.

Addressing global problems including the challenges of the Sustainable Development Goals requires trillions of dollars. It is therefore imperative to drastically reduce military expenditures and convert war economies into peace economies. It is unconscionable to continue the arms race when millions of human beings are suffering from extreme poverty, famine and no access to clean water and sanitation. States must commit to a plan of action on disarmament for development. Nuclear States must also engage in good faith disarmament negotiations as required by article 6 of the Non-Proliferation Treaty. The threat of nuclear annihilation will persist for as long as the production and stockpiling of nuclear weapons is not eliminated. This concern has been the subject of two General Comments adopted by the Human Rights Committee on article 6 of the International Covenant on Civil and Political Rights, the right to life. Without peace we cannot exercise our human rights<sup>3</sup>. ■

1 <https://undocs.org/en/A/RES/71/189>

2 <https://www.ohchr.org/EN/ProfessionalInterest/Pages/RightOfPeoplesToPeace.aspx>

3 See the Independent Expert's 2014 report to the UN Human Rights Council (A/HRC/27/51): <https://undocs.org/A/HRC/27/51>

## India



India: Soosmita Sinha – University of Michigan, Ann Arbor (in the United States during Covid-19)

## Soosmita Sinha... a committed rebel for the rights of healthcare professionals

- Raiganj, 1977
- Human rights and health –  
*The Health Law Institute*
- “An ecosystem, small in size but  
gigantic in the diversity it attracts.”

*newSpecial is delighted to include profiles presented by Zahi Haddad, in his recently-published book “126 Heartbeats for International Geneva”. We thank the author and his publisher, Slatkine, for this exclusivity.*

A rebellious soul, with a clear vision and a fierce will to transform the world, Soosmita Sinha is not an inveterate dreamer. She is a pragmatist. Since her childhood, she has given life to her desires.

Perhaps since that day when, at the age of nine, she convinced her parents to let her open her own bank account. Probably even before. She enters the University of Zaria, only just at the beginning of adolescence. And throughout her professional career that leads her to found the Health Law Institute. Before arriving in Zaria, a millennial city in Nigeria, Soosmita unrolls an astonishing thread since her birth in India. A mechanical engineer, her father takes her family to Baghdad, a few years before the war between Iraq and Iran. After a rushed departure by taxi, via Kuwait City, the family experiences several Nigerian cities. In Kano, Soosmita maintains her Indian culture and develops her character. As Zaria is a two-hour drive away, the teenager takes up residence on the university campus, alone, making life work between the water and electricity cuts. She manages her pharmacy degree in seven years, instead of five, due to repeated strikes by the

professors. In any case, she considers herself “very emotional in the face of human suffering, so I preferred this path to medicine, which my mother wanted, to keep a certain distance from the patients.”

When talking about herself, Soosmita displays calm and simplicity, shaken with laughter, like so many valves releasing a certain amount of shyness. A slightly embarrassed but accomplished look in her olive-green eyes. A noted graduate, she becomes a professor at her university. At 20 years old. But two years later, her clear path breaks after a work accident that immobilizes her father for a few months. Witnessing the limits of the health system and the impossibility of obtaining the best possible care, Soosmita moves back to the United States to support her parents, and chooses Pittsburgh to do research in medical chemistry, afterward working as a pharmacist in Michigan.

But her childhood dream and her father’s situation call her back to doing studies in law. A course that requires field experience. So, she chooses Geneva and the OHCHR, where she focuses on the rights of women, then WHO, where her project ideas for protecting the rights of

health professionals start germinating. “They should not be discriminated against because of structural deficiencies, their state of health, their gender or even the absence of protective gloves. In addition, the lack of financial resources or the failure to allocate them properly weakens the health system considerably.”

But, to achieve exactly what she has in mind, Soosmita prefers to regain her independence. The creation of the Health Law Institute has become inevitable. She then launches the project, while surrounding herself with international experts meticulously chosen to satisfy her vision. To make a difference, with large-scale research and information. And especially the development of links with the UN and its agencies, to get the message across and make it visible.

In the meantime, Soosmita refines every detail. Despite the hard knocks, the delays, the separations, her dream has come to fruition. She turns to poetry, which she shares within the Geneva Writers Group. It also guides her and calms her soul. To keep her serene and steady on a happy course. ■

## Hommage

## Jean-Michel Jakobowicz



Illustration / portrait © Diego Oyarzun

**CHRISTIAN DAVID (AIDÉ PAR EVELINA RIOUKHINA), ONUG.**

Une longue silhouette surmontée d'une chevelure bouclée. Jean-Michel, hilare, me reçoit dans son bureau de l'information de l'UNECE. J'ai écrit un «contre article», après avoir lu le sien publié dans le magazine *UN Special*, dans lequel il se moquait gentiment de mes collègues de la sécurité. Derrière son bureau, il m'observe l'œil pétillant. Sa cravate, ses chaussettes sont multicolores et sa veste de couleur chaude tranche singulièrement avec le «dress code» adopté par ses homologues. Il me propose, de sa voix douce et posée, d'emblée d'intégrer le comité de rédaction.

Jean-Michel était un peu iconoclaste et impertinent, dans le bon sens du terme. Il travaillait pour une organisation qu'il adorait à tel point qu'il publia en 2006 un *L'ONU pour les nuls* cosigné par son collègue Yves Berthelot.

Son extrême intelligence permit, entre autres, de donner confiance à de nombreux rédacteurs qui s'ignoraient et d'en calmer d'autres qui se pensaient journalistes voire écrivains, mais toujours avec humour et bienveillance. Cet humour, parfois cinglant, transparaissait dans ses éditoriaux. Il savait capter la situation du moment en ayant analysé, de manière très fine

*Quoi que vous fassiez,  
il faut le faire en s'amusant!*

et documentée, les travers et la bureaucratie de l'organisation. Combien de sourires approbateurs sont apparus sur les visages des lecteurs au fil des ans. Rédacteur en chef pendant plus de 10 ans, il a su grâce à sa liberté d'expression, donner un essor nouveau à cette publication avec le virage du numérique et servir l'organisation. Il a ainsi pu valider un modèle réussi de partenariat public privé.

Chargé de l'Information à l'UNECE, son activité débordante et son talent créatif l'ont poussé à produire, avec ses équipes, des livres de recettes (le riz un tour du monde en 300 recettes et la pomme de terre en 200 recettes) ou des bandes dessinées destinées à apprendre l'ONU aux enfants.

Vous pouvez, certains avec nostalgie, retrouver ses éditoriaux dans le livre *10 ans d'ONU au fil des mois\**, dédié à Kofi Annan aux titres évocateurs de: l'année de l'amour ou du microcrédit, la forteresse vide, la symphonie pathétique ou le sexe des anges.

Dès le début de sa retraite, Jean-Michel avait entamé avec succès, une carrière d'hypnothérapeute et publié de nombreux ouvrages en la matière. Avec son fils Emmanuel, ils avaient dernièrement coécrit un livre sur l'intelligence artificielle (*L'intelligence artificielle, une révolution?*)

À l'heure du politiquement correct à outrance, où il est recommandé de rester dans les clous sous peine de nuire à son profil de carrière, Jean-Michel avait compris mieux que quiconque, que le plaisir d'écrire, appuyé sur la conviction et la bienveillance, n'ont pas de prix.

Toute l'équipe du comité de rédaction, ses collègues, ses amis sont tristes de voir partir une figure qui a marqué de son empreinte notre quotidien. ■

\* «Merci à l'Administration des Nations Unies sans qui cet ouvrage n'aurait jamais vu le jour. En effet, avec son obstination à créer des règles et des procédures bureaucratiques, elle m'a fourni chaque mois, avec une constance incroyable, matière à écrire cette centaine d'éditoriaux.» JMJ



## Obituary

# Jean-Michel Jakobowicz

*Whatever you do,  
have fun!*

**CHRISTIAN DAVID, (WITH THE HELP OF EVELINA RIOUKHINA), UNOG  
ENGLISH VERSION BY SARAH JORDAN  
UNOG**

A tall figure topped by a curly mop of hair. Jean-Michel, in high spirits welcomes me to his information office at UNECE. I had written a “counter-article” after reading his article published in the *UN Special* magazine, in which he gently mocked my security colleagues. Behind his desk, he looks at me with a twinkle in his eye. His multi-coloured tie and socks and warm-coloured jacket are in stark contrast to the dress code adopted by his counterparts. In his soft, calm voice, he immediately asks me to join the editorial board.

Jean-Michel was a bit of an iconoclast and impertinent, in a good way. He worked for an organization of which he was so fond that in 2006 he published the “*UN for Dummies*”, co-authored by his colleague Yves Berthelot.

His extreme intelligence enabled him, among other things, to give confidence to many contributors who were unaware of their talents and to calm others who thought they were journalists or even writers, but always with humour and kindness. This humour, sometimes biting, was apparent in his editorials. He knew

how to capture a given situation through a fine and documented analysis of the shortcomings and bureaucracy of the organization. How many approving smiles have appeared on the faces of readers over the years? As editor-in-chief for 10 years, he used his freedom of expression to give this publication a new lease of life with the shift to digital, and to serve the organization. He was thus able to validate a successful model of public-private partnership. As UNECE’s Information Officer, his boundless energy and creative talent led him to produce, with his teams, recipe books (*Rice around the world in 300 recipes* and *The Potato around the world in 200 recipes*), or comic strips to teach children about the United Nations.

You can still (and for some of you it will be with nostalgia) find his editorials in the book “*10 years of a UN monthly diary*”\*, dedicated to Kofi Annan, with evocative titles such as the year of love or of microcredit, the empty fortress, the pathetic symphony or the sex of angels.

Right from the beginning of his retirement, Jean-Michel started a successful career as a hypnotherapist and published numerous books on the subject. With his son, Emmanuel, they had recently co-written a



illustration / portrait © Diego Oyarzun

book on artificial intelligence (*L’intelligence artificielle, une révolution?*).

In times of excessive political correctness, when it is recommended to remain within the bounds of the law or risk damaging one’s career, Jean-Michel understood better than anyone else that the pleasure of writing, based on conviction and benevolence, is priceless. The entire editorial board team, his colleagues and friends are sad to see the passing of a figure who has left his mark on our daily lives. ■

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\* I am particularly indebted to the United Nations Administration, without whom this book would never have seen the light of day. Indeed, with their stubborn determination to create bureaucratic rules and procedures, they unfailingly inspired me each and every month to write these hundred editorials.



© Olga Fontanellaz

# Hike to the Orny Hut in Valais

## OLGA FONTANELLAZ

Olga moved in a different direction and created a project<sup>1</sup> to showcase the world's cultural diversity with a special focus on customs, ceremonies and rituals, and indigenous people. When she is not travelling to some remote corners of the world, she enjoys hiking in the Swiss mountains.

"No worries, we have families with children coming to our place," tells us a friendly lady on the phone when we try to find out how difficult the hike is. This weekend we plan to hike to the Orny Hut in Valais. Three friends join us, including a couple, who has never hiked in the mountains before.

"Do you have a sleeping bag? You have to buy one," I give instructions. "Don't forget warm jackets. Even if it's hot, it can quickly get cold up in the mountains," I make sure to cover all the basics so that our hike doesn't turn into a disaster. "You didn't forget your jackets, did you?" I make the final check

before leaving Geneva, and off we go.

We park at Champex-Lac, visit the village and linger on the shore of the lake. We are not in a hurry – the day is beautiful and the hike is easy. "Children come to our place," we remember the words of the hut's lady. We have two choices – take the cable car or on foot. "We go on foot, don't we?" my husband Errol leaves no choice. We are here to hike after all.

The climb through the larches under the cable car line is long and monotonous, without too much interest except for guaranteeing to warm you up. At the Brea station, we begin our ascent. It starts as a gentle climb, and during the first hour we gain in altitude rather slowly.

Later, the trail becomes narrow, with a few passages equipped with chains for a better grip. And for a deeper sensation of the mountains judging the face expressions of our friends. For

them it's an unexpected introduction to the alpine world. We come across groups of brightly dressed climbers, with ice axes and crampons tied to their bags. We are the only ones, who don't carry any equipment.

While the views open up, the sky becomes very cloudy. The weather changes very rapidly. The mist limits our visibility. By now the fog is so dense that my camera doesn't focus. A thunderstorm is on its way. At one of the passages with the chains, the visibility is almost zero. The path is too narrow to stay and wait for the storm to pass. We have no choice but to keep going. We put on our Gore-Tex jackets. A friend of us also puts on her "jacket" ... a long-sleeved cotton shirt.

The rain pushes us to the limit. We are soaked, our friends are freezing. As if fog and the storm aren't enough, violent hail arrives. Our jackets barely provide any protection. Our friends suggests we turn back. The problem is we aren't sure if we



© Olga Fontanelaz



© Olga Fontanelaz



© Olga Fontanelaz

are closer to the hut or to our point of departure. We decide to call the hut to check. “Where are you?” the lady on the phone sounds worried. We are somewhere in the mountains, near a turn with boulders... No, that doesn’t help. “Do you have walking sticks?” she keeps asking. We proudly announce we are well-equipped. “Well, you have to leave them behind... Metal attracts lightning,” she says matter-of-factly. We hide our sticks, and decide to walk to the hut.

Lightning is too close; flash and bang are almost instantaneous. The trail becomes steeper before reaching the moraine of the Orny Glacier. Still no hut... With each turn we expect to see the Orny Hut miraculously emerging from the fog but our ascent seems to have no end. We feel our friends’ despair... This is their first hike. Maybe their last one too...

Finally, we see the silhouette of a hut. The word relief is an understatement. After our last

efforts to climb a few remaining meters, we are warmly welcomed by the guardian. Soaked and numb with cold, our friends feel like survivors, almost heroes.

Inside, empty bottles are aligned on the wooden tables, the testimony of the evening feast. But minutes later our dinner is served. The röstis, a typical Swiss potato dish best described as a cross between hash browns and a potato pancake, tastes like a masterpiece of the art of cooking. Forget the wine, we got to the hard stuff – kirsch, a strong alcohol made from cherries and Poire Williams, an eau-de-vie from pears. But the best is a portable heater provided by our hosts. When we get up in the morning, most people have already left to climb the nearby rocks. Some leave as early as at 4 a.m. From the distance we see a group of climbers going between the crevasses towards the glacier. But we take it easy. Set at 2,811m between two small lakes in front of the Orny Glacier, the

place is stunning. Today is a gorgeous sunny day, and the panorama of the snow-capped alpine peaks is splendid. We look at each other, and decide we would love to do this hike again. ■

1 [www.anywayinaway.com](http://www.anywayinaway.com)

Access: The Orny Hut is situated in the canton of Valais in the Swiss part of the Mont-Blanc massif. It’s accessible from Champex-Lac by Breya cable car (2h30) or on foot via Combe d’Orny (4h30). Experienced hikers can continue from the Orny Hut to the Trient Hut located at 3’170m.

Difficulty:

Hike from Champex-Lac by Breya cable car: T3 (demanding mountain hiking), 600m of elevation. Hike via Combe d’Orny: T3, 1’300m of elevation.

Accommodation:

The Orny Hut ([www.cabanedorny.ch](http://www.cabanedorny.ch)) is open in 2021 from 19 June to 25 September. Reservations are required. Accommodation in dormitories. For hygienic reasons, visitors are required to bring a sleeping bag.

# PAN!

FRÉDÉRIC BALLENEGGER

Depuis la Pangée, nous dérivions. Insoucieux du lendemain, en pleine pan-chronie. Sur un long fleuve tranquille. Et voilà que, l'an dernier, pan! la planète s'est ratatinée. Nous nous sommes retrouvés pantois, les uns contre les autres, colocataires d'un virus panspermique... Un pantoclisme a tout cassé, et voilà le monde en panne. Satanée pandémie!

On nous a donné des panoplies de masques et de gels. On a organisé tant de visioconférences panoptiques sans pantalon que certains chenapans se sont fait trop de bile au pancréas... et de défilé avec banderoles et

pancartes: et que je fais ce que je veux, tel Peter Pan; et que j'attaque les panémones, sur les traces de don Quichotte; et que je réclame ma table au bistrot, nouveau Pantagruel. D'autres panégyristes un peu trépanés mettaient au Panthéon Pangloss et tous les savants concocteurs de panacée.

Il faut bien admettre que les pantomimes de certains pantins, saisies sur Pantax, prêtent à sourire. Mais à l'issue de ce panorama, accrochez donc le dernier wagon à pantographe à ce pangramme... et, ce faisant, rappelez-vous bien ce que «pan» veut dire.

C'est une épreuve *panique*, primale, totale, collective et universelle que nous vivons, et nous en sortirons tous ensemble ou pas du tout. Rien ne sert de céder à la panphobie et de suivre les joueurs de flûte (de Hamelin!). La vaccination, qui nous sortira de la panade, est une question de bon sens mais aussi un impératif moral: pour cesser de répandre la maladie parmi nos semblables (la COVID comme la polio, la rougeole et les autres), quittons nos pantoufles, ne tombons pas dans le panneau et refermons la boîte de Pandore! ■

Pour en savoir plus sur le dieu Pan: [bit.ly/3ubttic](http://bit.ly/3ubttic)



*Passion Papillons*

*Heureux ces papillons qui vont de fleur en fleur,  
caprice galant d'une généreuse création,  
ardeur diurne, nocturne, frêles ailes de toutes  
couleurs,  
bleuâtres, pourpres, pommelés – ces fauves  
papillons!*

*Miracle répété de maintes métamorphoses,  
magie papillonnante comme le mystère des eaux,  
des jeux du feu, fascination telle qu'en hypnose,  
merveilles de flammes, de vagues, de vols gracieux.*

*Ils flânent à deux, ou seuls, sans but et sans souci,  
avec vraie joie de vivre – libre, mais fragile.  
Comme en ivresse, ils se régalaient de nectars inouïs,  
en réveillant en nous des souvenirs gentils.*

*Quel nom exprime le mieux l'esprit des papillons?  
Lourd, le Schmetterling – de même le butterfly...  
trop dur!*

*Plutôt le vlinder, ou la mariposa – géniale illusion  
de l'éphémère, rêve de beauté, songe pur!*

*Rilke se promenait souvent sur Sierre  
au bois de Finges, suivait les papillons marbrés,  
toujours gracieux en vol ou près du sol, tachetés  
de nostalgie et caressés par ombres et lumières.*

*Quelle joie d'enfance, plaisir d'adulte!  
Soudain une panthéiste vision  
nous illumine, bonheur du culte  
de la nature, passion des papillons!*

*Je veux courir les verts alpages après  
des papillons,  
avec cette émotion de jeunes et vieux pleins  
de raison.*

*Et pourtant – ces alpages, nos fleurs,  
nos papillons ...  
y seront-ils encore pour les prochaines  
générations?*

**ALFRED DE ZAYAS, SOCIÉTÉ DES ÉCRIVAINS DES NATIONS UNIES**



© Claude Maillard

## Jordanie

# Pétra, la ville rose du désert

*En Jordanie, les ruines de Pétra, capitale du royaume nabatéen qui, aux débuts de l'ère chrétienne devint l'étape clé des routes caravanières reliant l'Orient à l'Occident, constituent l'un des ensembles monumentaux les plus singuliers et fascinants du monde antique.*

### CLAUDE MAILLARD

Le 22 août 1812, au cours d'un périple hasardeux à travers le Proche-Orient, l'explorateur suisse Johann Ludwig Burckhardt pénètre dans une vallée dissimulée entre de hautes montagnes de grès. Il reste sans voix devant le spectacle de centaines de tombes creusées dans la roche. «Il semble que ces ruines soient celles de l'antique Pétra», note-t-il dans son journal. Il venait de redécouvrir la capitale du royaume nabatéen.

### La porte de l'Arabie

Des monuments rupestres, datant des époques hellénistique et romaine, taillés dans le grès rose et pourpre subsistent presque intacts à Pétra. Leurs hautes façades ornent les à-pics d'un massif rocheux perdu au cœur du désert, entre l'aire syro-jordanienne et les dunes de l'Arabie. Érodé par le Wadi

Mousa («la rivière de Moïse»), un dédale de rocs abrupts et de failles encaissées constitue une forteresse naturelle. C'est là que les souverains des riches négociants par qui transitait le commerce entre Orient et Occident ont élevé, entre le III<sup>e</sup> siècle avant notre ère et le II<sup>e</sup> siècle après J.-C., un ensemble unique et grandiose de monuments qui subsiste, telle une cité pétrifiée, dans ces montagnes sauvages. Des princes arabes profondément hellénisés y ont donné naissance à une culture spécifique associant aux formes antiques des traits proprement nabatéens. Ce haut lieu fut la plaque tournante du grand commerce international du luxe, où s'approvisionnait le monde gréco-romain; Alexandrie, Antioche, Éphèse et la Rome impériale commandaient à ces marchands opulents épices et aromates, parfums et tissus précieux.

### Entre Orient et Occident

Dans un labyrinthe de rochers déchiquetés, des façades en trompe-l'œil se dressent en un fantastique décor dont les bâtiments, parfois hauts de 40 m, sont sculptés dans les falaises verticales qui forment un cadre naturel de grès polychrome. Ces vestiges attestent la fierté et la munificence des souverains du désert qui régnaient ici, à l'aube de notre ère. Pendant plus de trois siècles, Pétra a drainé le négoce des aromates (encens et myrrhe d'Arabie du Sud et d'Érythrée) et des épices (poivre, cannelle, clous de girofle) en provenance de l'Inde, de la Malaisie et des archipels de l'Indonésie. Sans omettre la précieuse soie, dont la Chine conservait jalousement le monopole du mystérieux processus de fabrication. Ces produits rares étaient échangés contre l'or, les vins fins, la céramique, les œuvres d'art

(sculptures et bronzes) et l'orfèvrerie provenant de l'Occident: Grèce hellénistique, Rome républicaine puis impériale.

À Pétra, tout est objet de troc: outre les épices et les aromates, on y négocie les pierres précieuses, les perles, les parures, les tissus de prix, les tapis, les créations artistiques originales. Tout y circule: idées, écrits des poètes et des philosophes, concepts astrologiques. On y brasse les sciences et les techniques, théorèmes mathématiques et lois de la mécanique. Ce carrefour du négoce est aussi celui par où transitent les messages de foi et les croyances nouvelles, où se nouent des mariages entre les mythes du monde antique et les religions de salut de l'Orient. Les divinités hindoues se mêlent à Mithra, le Bouddha y côtoie Dionysos, Zoroastre et ses mages escortent les dieux de l'Olympe.

C'est là aussi que s'affirment des partis architecturaux nouveaux, que s'élaborent des rituels de vie et que se font jour des révélations. Car si les caravanes sont chargées de biens, elles traversent la solitude des déserts, où l'homme est seul face à l'immensité stellaire et se



Érigé sur les hauteurs de Pétra, le Deir (le « Monastère ») domine la capitale du royaume nabatéen



© Claude Meillard

Le Khazneh, le monument le plus célèbre de Pétra (Jordanie)

trouve confronté au vertige de l'infini. Par là, le destin du chamequier se conjugue à celui du prophète illuminé et du marin de haute mer, les yeux fixés sur le cours immuable des astres et sur le rythme des planètes.

Pétra est un nœud routier qui relie les terres aux mers et les mers aux océans. C'est le point de jonction d'où la civilisation grecque se diffuse en Asie.

### Surgi de la pierre, le Khazneh

Vivants et morts se partageaient l'espace à Pétra. Les Nabatéens bâtirent une cité somptueuse pour y vivre et creusaient la montagne pour y installer leurs tombeaux.

Rien n'a changé depuis que les antiques caravanes entraient dans Pétra : aujourd'hui comme alors, pour franchir le seuil de la cité, il faut passer par le Siq, l'étroite gorge tortueuse d'environ 1500 m de long et profonde de 150 m à certains endroits, creusée par le torrent Wadi Mousa. En approchant de son extrémité se dévoile progressivement le Khazneh, un des tombeaux principaux du site, en tout cas le plus connu, surnommé «Trésor du Pharaon».

Selon une légende il abritait un trésor dans une urne, mais en réalité aucun joyau n'a été découvert. Ce serait le tombeau d'un roi nabatéen. Sa magnifique façade taillée dans la montagne, haute de 43 m et large de 33 m, serait l'œuvre d'une vingtaine d'artistes, réalisée sur une période de quarante ans. Mais le Khazneh n'est qu'un des exemples parmi les 600 voire 800 tombeaux aux façades monumentales recensés à Pétra. Parmi ceux-ci, les Tombeaux «Djinn», le Tombeau aux Obélisques et le Bab al Siq Triclinium permettent de se faire une idée de ce que l'on va découvrir sur le site de Pétra avant même de s'engager dans le Siq qui mène au Khazneh. En milieu de matinée, lorsque le soleil illumine la façade de ce chef-d'œuvre d'ingénierie, il apparaît dans toute sa splendeur. Proches, des tombeaux rupestres alignés sur plusieurs niveaux composent l'une des plus anciennes nécropoles de Pétra. S'ensuit le grand théâtre entièrement creusé dans la roche qui pouvait accueillir plus de 7000 spectateurs répartis sur 45 rangs. Dominant les lieux, le massif Djebel Madhbah regroupe le

Tombeau du Soldat romain, la Tombe du Jardin ainsi que le Haut Lieu du Sacrifice, emplacement utilisé par les prêtres nabatéens pour effectuer des rituels religieux et faire des sacrifices en l'honneur de leurs dieux.

### Une cité gigantesque à l'abri de la montagne

Retour dans la vallée, au pied de la falaise de la Khubtha où sont construits côte à côte le Tombeau à l'Urne, le Tombeau-Palais et le Tombeau corinthien formant l'ensemble des tombeaux royaux. Ils font face à ce qui était le «centre-ville» de Pétra, la zone urbaine formée principalement de maisonnettes au toit plat et dont il ne reste plus qu'une étendue de sable parsemée de buissons et de blocs de pierre taillés. Selon les archéologues, une partie considérable de la ville serait encore bien conservée sous le sable.

Actuellement, c'est l'Allée aux colonnes qui attire l'attention des visiteurs. Longeant le Wadi Mousa, cette grande artère séparait la ville en deux, avec d'un côté le Temple des Lions ailés voué au culte de Dushara et Al-Uzza, assimilé à celui

d'Osiris et Isis. Plus tard, les Romains le dédient à Aphrodite. De l'autre côté, considéré comme le plus important de la cité, le Grand Temple côtoie le temple de Qasr el-Bint, le seul bâtiment encore sur pied lorsque J. L. Burckhardt redécouvrit Pétra. Enfin, en poursuivant vers al-Barid (la «Petite Pétra»), l'une des plus anciennes cités de tout le Moyen-Orient, se dresse le Deir, le monument le plus imposant de Pétra.

Aux temples et tombeaux nabatéens, il faut ajouter les vestiges romains comme le Tombeau de Sextius Florentinus (gouverneur de la province d'Arabie qui souhaita être enterré à Pétra), ainsi que le Petit Temple romain dédié au culte impérial et la fontaine Nymphée consacrée aux nymphes.

Comptez au minimum deux jours pour explorer la cité de Pétra, l'une des plus grandes merveilles jamais construites par l'homme, qui s'étend sur une superficie de 264000 m<sup>2</sup> inscrite sur la liste du patrimoine mondial de l'UNESCO. ■

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Garry Aslanyan – newSpecial  
OMS, 20 av. Appia, CH-1202 Genève, Suisse  
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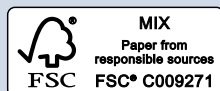


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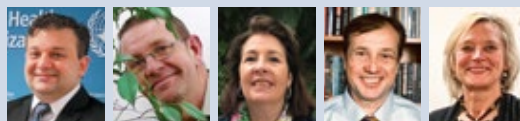
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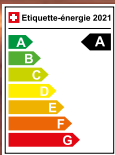
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