NEWSLETTER

THE ASSOCIATION OF FORMER PAHO/WHO STAFF MEMBERS

VOL. XXX, No. 1 MARCH 2019

New Board of Directors

Contents

Editorial

New Year, New Board

By Gloria Coe

Welcome to the new year and wonderful expectations of good things from AFSM. As usual, the Board convened after the General Meeting and elected the officers for 2019.

The Board of Directors are:

- President: Gloria Coe
- Vice-President: Hernán Rosenberg
- Treasurer: Sylvia Schultz
- Secretary: Gloria Morales
- Chair of Membership Committee: Hortensia Saginor
- Members-at-large: Rolando Chacón, Carol Collado, José Ramiro Cruz, Marilyn Rice
- Honorary members: Jaime Ayalde, Nancy Berinstein
- Collaborators: Enrique Fefer, Antonio Hernández, Germán Perdomo

I had the privilege of working with the Board during the past two years, mostly supporting AFSM communication strategies and co-authoring Health Tips articles with Martha Peláez for our Newsletter. As the incoming President, I am excited about the opportunity to work with you at a time when AFSM is demonstrating its ability to successfully promote the interests of former staff. Of particular importance has been successfully obtaining the subsidy of Medicare fees in the US, the result of a continuous effort over several years. AFSM has been progressively moving into the digital age with the new online Newsletter, developing a functional website, and ensuring a digital election process to enable our members, wherever they live, to participate.

In many ways, both the AFSM Board and our wonderful members remind me of Gabriel Garcia Marquez's famous phrase "*Recordar es fácil para el que tiene memoria. Olvidar es*

difícil para quien tiene corazón.[1] Across the years, the Board and AFSM members remember our friends and colleagues with whom we worked at PAHO/WHO to improve the health and wellbeing of the peoples of the Americas. And now we are channeling that energy into other types of activities of our own interest as we move into new challenges and opportunities.

Now, to bring you up-to-date on what's new. The Board of Directors met for the day on 19 February, to review and reaffirm AFSM's core vision and mission and to define our priorities.

The Board endorsed and retained our:

- Core values of:
  - Solidarity/Unity/Collaboration
  - Fellowship/Friendship/Caring
  - Service/Flexibility/Responsiveness
  - Inclusiveness
- Vision *to promote the fellowship and well-being of former PAHO/WHO staff.*
- Mission to:
  - Advocate on behalf of AFSM members for important matters such as health insurance and pension
  - Promote the skills and abilities of its members
  - Track PAHO/WHO activities and policies
  - Liaise with other international former staff associations

The Board defined its following priorities for the coming year:

- Increasing membership
- Strengthening communication
- Meeting the needs of former staff members
- Developing programs to attract new members
- Strengthening programs promoting healthy aging

Based on these priorities, AFSM will continue to:

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[1] *Remembering is easy for those who have memory, forgetting is difficult for those who have heart*."

- Expand our ability to engage members and boost membership by actively promoting two-way communication strategies and improving our integrated membership information and communication system.
- Circulate information on aging and health such as social networking, longevity, finances, exercise, brain and mental health, diet and nutrition and healthy aging. Expand communication to include innovative public health and development programs and strategies from PAHO, WHO, NIH and other agencies.
- With the support of Martha Peláez and PAHO's Program on Healthy Aging, develop TED-type video presentations on healthy aging.
- Support country chapters and, when possible, ensure participation of Board members in their annual meetings. If of interest to country chapters, include sessions to build member skills to use communication technology.
- Develop outreach programs to engage and invite national personnel to join.

In closing, I wish to express my heartfelt thanks to the previous hard-working Board members, to Germán Perdomo for his wise generous leadership of AFSM during these past four years as President, and to Carol Collado, as Vice President, for her generosity and guidance. Fortunately, German will continue to work with Marilyn Rice on the Newsletter, primarily formatting, translating and editing the Spanish edition and Carol will remain as Coordinator of the Health Insurance and Pension Committee. We are grateful to Antonio Hernández who collaborated with AFSM during the past 5 years and spent the last 2 ½ years developing AFSM's communication with its members by setting-up and launching our communication channels, revising and updating our website, and managing the communication system. We trust he will continue to support AFSM.

We look forward to engaging each of you *to promote the fellowship and well-being of former PAHO/WHO staff.* N

Welcome to New AFSM Board Members

Gloria Coe began working with PAHO in 1973 as a short-term consultant, joining the Organization as a staff member in 1983, and retiring in December 2002. She worked in health communication in the Division of Health Promotion and ended her career in PAHO in the Human Resources Program. The two overarching goals for those years were to provide technical support to Ministries of Health to develop health communication policy, plans and programs, and to support developing university-based health communication graduate programs. She joined the Bureau for Global Health of USAID in April 2003 and retired in January 2014. Her work was primarily in health communication, although the last few years were more specifically in health promotion. Working at PAHO was the highlight of her career; she strongly feels that it is wonderful to be home again supporting our PAHO family through the AFSM.

Rolando Chacón brings to the Board his experience and his knowledge in the area of Pension. He participated in the Staff Pension Fund Committee and various other committees representing PAHO/WHO and United Nations Staff Associations during his tenure as a staff of PAHO/WHO in Washington D.C. He worked in the Finance area until 2009, when he retired.

Welcome to new AFSM members

From USA

From the Washington Area

María Esther (Etty) Alva
Ivone Kranzler
Patricia Moisa
César Alan Ponce
María Olga Ringgold
Ada Suárez-Berthe

From other parts of the USA

Sarla Chawla, Sugar Land-Texas
Kathleen L. Fritsch, Honolulu-Hawaii

From Bogotá, Colombia

Ricardo Torres Ruiz

From Quito, Ecuador

Dina Germania Guarderas

From Alkmaar, Netherlands

Dana Van Alphen Mladin

Staff Health Insurance and Pension Update

By Carol Collado

Staff Health Insurance

Another change in seasons is coming up. Whether you are in the North (Spring) or the South (Fall), the weather is reminding us that it is a time for renewal and reflection. Remember those health-promoting resolutions you made at the beginning of the New Year? Revisit them and look at how things are evolving. As we age, there is a natural slowing process which, unless we consciously pay attention to the preservation of both mind and body, can lead to problems. Read over some of the Health Tips in the last Newsletters and reflect on what you can do to support your health. Renew or reinvent some things that can make a difference for you: a 5-minute walk every day, mind puzzles, or your choice of activity, but be active in making your life healthier. It is rewarding!

As mentioned in the last Newsletter, in 2019 there have been changes made in the Rules. These are now posted on our website **www.afsmpaho.com** only in English, and we will make the Spanish available as soon as it is ready. There are other documents in the Health and pension section of documents that you may want to review such as the SHI 2019 Newsletter. You should have received this newsletter by email or regular mail. If you haven't, it may be because SHI HQ (Geneva) does not have your correct contact information. It contains a good deal of useful information, so we suggest that you check it out.

This 2019 calendar year will see elections for the four-year terms of former staff representatives on the governing bodies for our health insurance:

- The Global Standing Committee (GSC), whose charge involves hearing appeals, examining and recommending Rules changes to the GOC, and supporting the Regional SHI groups. Former staff have 2 representatives and 2 alternates on this committee.

- The Global Oversight Committee (GOC), whose principal functions are policy and finances. They commission studies, ensure effective management, receive from and make suggestions for Rules changes to the Director General. Former staff have 1 representative and 1 alternate on the GOC.

When you are notified from the HQ office that it is time to vote, make sure that your voice is heard. This process of global election of representatives is only offered to the former staff and it is a costly exercise. Please show that your health insurance is important and cast your vote.

Treatment

One change within the new Rules regarding cost containment is that, for those whose official residence is outside of the WHO Region of the Americas (AMRO/PAHO) who seek medical care in the US, compensation been dropped to 60% of the 80% coverage. We wanted to call your attention to this since some of you may have SHI participating relatives who would be affected by this change. Please consult Rule C.6.1 if in doubt.

For those in the USA, Medicare is on the front line. We advised you in the last Newsletter that part B had become obligatory for those eligible (people over 65 years of age and those having completed 75 years before 1 January 2019, and who are either US citizens or who have been US residents for at least 5 years). As of 1 February, the Director General has included Part A in that mandate, and a memo was sent out from the PAHO SHI office with forms to all participants. For unexplained reasons, many persons are reporting that they never received this announcement. If you did not receive this notice, please write to **medicare@paho.org** and ask to be put on their email list. The mentioned forms are also available on the AFSM website at **www.afsmpaho.com**, under documents. The deadline for open enrolment for those eligible and not yet registered is 31 March and there are scheduled penalties to take place in claims processing to those eligible who do not enroll. The PAHO SHI office will be reimbursing all costs involved to each participant once proof is given. We are expecting a second information letter from PAHO shortly.

Because the idea is perhaps new and confusing, both PAHO SHI and AFSM have been receiving a number of inquiries. We have consolidated these and basic information and posted a Medicare Q&A in the health documents section of our website. If you are one of those affected, please read this section.

For those residents in the USA as of 1 January 2020, as part of the cost containment process in SHI, the basis for calculating claims reimbursement for “out of network” providers will change. If the provider is not within the network of the administrator of our insurance in the USA (presently Aetna), the standard for reimbursement will be 200% of the Medicare approved rate for this service without that balance being credited towards your catastrophic limit. What this means is that if your provider is **NOT** in the Aetna network, your percentage of the total cost reimbursement will most probably be much lower since the Medicare negotiated rates are usually well below other insurances. Please see Rule C.7.

The following is an example.

Scenarios	Amount billed $	AETNA-approved rate	Amount paid to provider $	Amount you owe $
Current situation	300	N/A	240	60 credited towards catastrophic
Provider in AETNA network	300	200	200	0
Provider **NOT** enrolled in AETNA	300	N/A	200% of the Medicare approved rate for this service	Remaining balance with no credit towards catastrophic

The implementation of this new Rule is being given a year's grace for those participants to be able to find participating providers if they choose.

We are still waiting news of the confirmation regarding the new contracts for the management of the USA claims processes (presently Aetna and CVS Caremark), but expect this shortly.

Pension

In our last Newsletter we reminded everyone of the importance of using your Member Self Service account at UNJSPF (**https://www.unjspf.org/member-self-service/**) to check as to whether or not your Certificate of Entitlement (CE) had been received. We have since received a list of 84 PAHO/WHO retirees whose UNJSPF CEs 2018 had not been registered. Germán Perdomo (perdomog@gmail.com) is spearheading this effort for AFSM, trying to contact these former staff and explain to them that the deadline for their contacting UNJSPF and remitting the document has been extended to 31 March. If not received by that date, the pensions will be suspended. Although many names are unknown to the Association, we do assist in preventing former staff disasters, such as the suspension of pension. Please tell your non-AFSM friends to check their MSS to avoid problems.

In January 2019 Ms. Janice Dunn Lee was appointed to the position of Acting Chief Executive Officer and Secretary to the United Nations Joint Staff Pension Board. Previously, Ms. Dunn Lee was the Deputy Director General, Head of the Department of Management at the International Atomic Energy Agency (IAEA). We will keep you informed regarding changes at the top level. There is also a new newsletter from UNJSPF as of January, which contains a lot of interesting information about the Fund. It can be accessed at **https://www.unjspf.org/wp-content/uploads/2019/02/Newsletter-Jan-2019-2.pdf** and is also posted on the AFMS website under documents. ℵ

Proteins: Building Blocks of Life

By Martha Peláez and Gloria Coe

Proteins & Health

Proteins are frequently called the *building blocks of life.* After water, our bodies are primarily composed of proteins; they are a key element of every cell, tissue and organ. Protein is essential to our health. Older adults need to eat more protein-rich foods to maintain muscle mass and strength, bone health and other essential physiological functions. The loss of muscle strength contributes to frailty and disability and eventually, loss of independence.[1] Consuming proteins is even more important during stressful periods.

Proteins & Older Adults

Graph 1: The Pulse on Protein

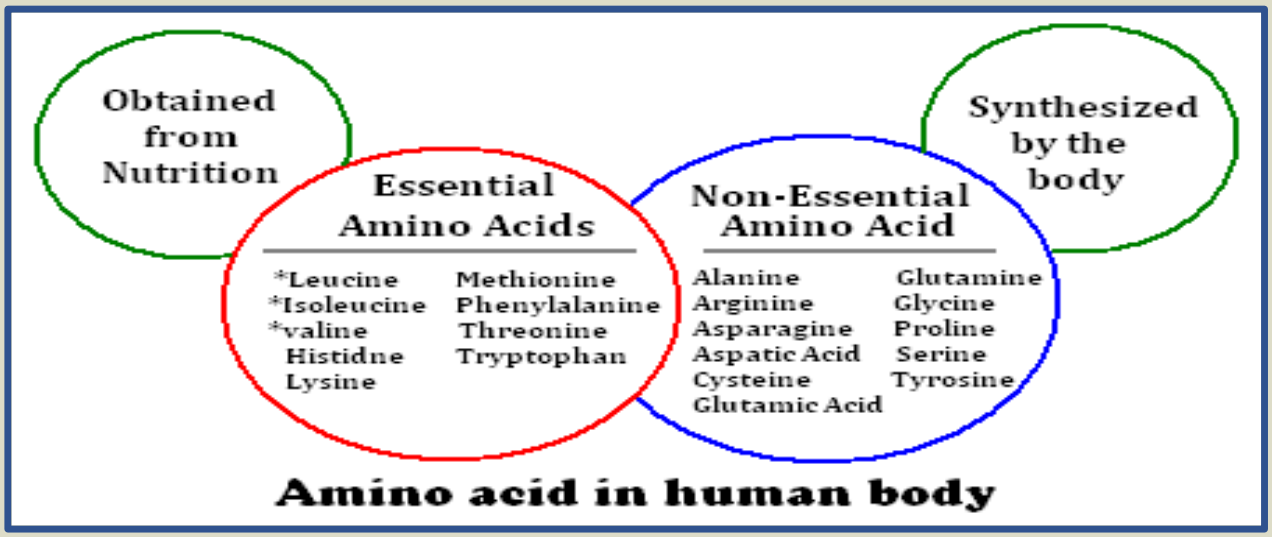
[1] Pedersen AN, Cederholm T. Health effects of protein intake in healthy elderly populations: A systematic literature review. Food & Nutrition Research, 2014, 58:23364. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3730112/pdf/FNR-57-21245.pdf. Graham J. Why older adults should eat more protein (And not overdo protein shakes). KHN Kaiser Health News. January 17, 2019. https://khn.org/news/why-older-adults-should-eat-more-protein-and-not-overdo-protein-shakes/

A recent National Health and Nutrition Examination Survey "found that more than 1 in 3...adults over 50 years old are not getting the daily recommended amount of protein they need."[2]

Why Proteins?

Proteins are complex, versatile, and an essential component of all living organisms. When we eat food that contains protein, the body transforms it into amino acids that are used to build muscle, blood, hormones, antibodies and many others. There are about 20 types of amino acids of which the body creates 11, known as non- essential amino acids. The remaining 9 are essential amino acids and are only available through the foods we eat and must be eaten each day. Unfortunately, our bodies do not store essential amino acids for later use making it critically important to eat high quality proteins each day.

Proteins from animals such as eggs, dairy, meat, fish, poultry are considered complete proteins because they have the nine essential amino acids needed by the body. On the other hand, proteins from plants such as beans, nuts, and seeds are incomplete proteins since they lack one or more of the essential amino acids.[3]



[2]Abbott Global Nutrition. Study: Adults Over Age 50 Not Eating Enough Protein. http://www.nutritionnews.abbott/nutrition-as-medicine/study--adults-over-age-50-not-eating-enough-protein.html

[3] Medical News Today Newsletter https://www.medicalnewstoday.com/articles/322827.php

Amount of Protein Eaten each Day: So how much do I need?

The Recommended Dietary Allowance (RDA)[4] for protein is 0.8 grams per kilogram[5] (2.2 pounds) of the individual's weight per day. However, physicians and nutrition experts recommend that *healthy older adults* consume 1 to 1.2 grams of protein per kilogram of body weight daily. This is a substantial increase over the RDA recommendation for most adults. This means that the *daily consumption of protein* for a 150-pound older woman should be 69 to 81 grams; and for 180-pound man, 81 to 98 grams. To put this into perspective: 7 oz of Greek Yogurt has 20 grams of protein; half a cup of cottage cheese, 14 grams; a 3-ounce serving of skinless chicken, 28 grams; a half-cup of lentils, 9 grams; and a cup of milk, 8 grams. To check protein content of common foods read the nutrition label on the packaged food or check a variety of web sites offering good information on protein content in foods.[6]

For older adults with acute or chronic diseases, the precise amount needed depends on the disease, its severity and other factors. If in doubt, ask for the advice of a registered dietitian or a physician. In time of illness, greater amounts of protein may be needed.

Does the time matter? Eat the same amount of protein with each meal.

A key element of daily protein intake revolves around the ability of the body to stimulate the process by which proteins are used to build muscle. If the amount of protein eaten *at each meal* is too low, the body is not able to use protein to build muscle.

Interestingly, a study found that a diet providing enough protein at each of the three meals each day (30 g at each meal: breakfast, lunch, and dinner for a total of 90 g/day) stimulated the process by which proteins are used to build muscle and produced the largest 24-hour muscle strengthening. In comparison, in another group that ate 90g of protein each day, the body's process of using protein to build muscle was stimulated only at dinner, even though the amount eaten at each meal varied (breakfast 10.7g, lunch 16g, and dinner 63.4g).[7] [8] [9]

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[4] Established in the 1970-80s

[5] 2.20462 pounds per kilogram

[6] Please see table prepared by Todays Dietitian with protein content, serving size and calories of foods: https://www.todaysdietitian.com/pdf/webinars/ProteinContentofFoods.pdf

[7] Deer RR, Volpi E. Protein Intake and Muscle Function in Older Adults. Curr Opin Clinl Nutr Metab Care, 2015 May: 18(3): 248-253. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4394186/pdf/nihms674856.pdf

[8] Graham J. Why older adults should eat more protein (And not overdo protein shakes). KHN Kaiser Health News. January 17, 2019. https://khn.org/news/why-older-adults-should-eat-more-protein-and-not-overdo-protein-shakes/

[9] McGill University Health Centre. "Eating protein three times a day could make our seniors stronger: Quebec researchers link protein distribution to greater mass and muscle strength in the elderly." ScienceDaily, 30 August 2017. https://www.sciencedaily.com/releases/2017/08/170830202131.htm

Are all proteins equally good? Protein in all forms is fine but…

Good choices of proteins to be eaten daily matters. Experts at Harvard T. H. Chan School of Public Health, Harvard Medical School, and editors of Harvard Health, provide the following tips for selecting the best source of protein.[10]

A. ***Get your protein from plants when possible***. Eating legumes (beans and peas), nuts, seeds, whole grains, and other plant-based sources of protein is a win for your health and the health of the planet. If most of your protein comes from plants, make sure that you mix up your sources so no "essential" components of protein are missing. The good news is that the plant kingdom offers plenty of options to mix and match. Here are some examples for each category:

- **Legumes:** lentils, beans (black, fava, chickpeas/garbanzo, kidney), peas (green, snow, snap), edamame/soybeans (and products made from soy: tofu, tempeh), peanuts.
- **Nuts and Seeds:** almonds, pistachios, cashews, walnuts, hazelnuts, pecans, and seeds such as hemp, squash, pumpkin, sunflower, flax, sesame, chia.
- **Whole Grains:** kamut, teff, wheat, quinoa, rice, wild rice, millet, oats, buckwheat.
- **Other:** while many vegetables and fruits contain some level of protein, it's generally in smaller amounts than the other plant-based foods. Some examples with higher protein quantities include corn, broccoli, asparagus, brussels sprouts, and artichokes.

B. ***Upgrade your sources of animal protein***. Consider the protein package is particularly important when it comes to animal-based foods:

- Generally, **poultry** and a variety of **seafood** are your best bet. Eggs can be a good choice, too.
- If you enjoy **dairy foods**, it's best to do so in moderation (think closer to 1-2 servings a day; and incorporating yogurt is probably a better choice than getting all your servings from milk or cheese).
- **Red meat,** which includes unprocessed beef, pork, lamb, veal, mutton, and goat meat, should be consumed on a more limited basis. If you enjoy red meat, consider eating small amounts or only on special occasions.
- **Processed meats**, such as bacon, hot dogs, sausages, and cold cuts should be avoided. Although these products are often made from red meats, processed meats also include items like turkey bacon, chicken sausage, and deli-sliced chicken and

[10] https://www.hsph.harvard.edu/nutritionsource/what-should-you-eat/protein/#protein-bottom-line

ham. (Processed meat refers to any meat that has been "transformed through salting, curing, fermentation, smoking, or other processes to enhance flavor or improve preservation.")

What about Nutrition Supplements?

There is no need for powdered or liquid protein supplements unless someone is malnourished, sick or hospitalized.

In conclusion: Research suggests that consuming more protein daily in each meal results in better function, better outcomes, and healthier aging. N

In Memoriam

DEATHS REPORTED IN 2019
NOT PREVIOUSLY REPORTED

Fernando Quevedo	**26 December 2018**
Pablo Isaza	**4 February 2019**
Elide Zullo	**17 March 2019**
Víctor Pou Howley	**1 April 20**

celebrating 70 years

CELEBRATE 70 YEARS WITH US!

IT'S THE ANNIVERSARY OF OUR COMMITMENT TO YOU

For 70 years, we've had one driving purpose: to serve the global health community.

While we're very proud of that commitment, we're even more proud of the work you do. While the health and wellbeing of families everywhere count on you, you can always count on us to be partners in your financial life and help you reach your goals, whether that's buying a house, financing a car, saving for the future, or planning for retirement.

All year long, we're going to be celebrating our seven-decade milestone with some 70-Year Events that focus on you and celebrate our mission to help members of the global health community live better, healthier financial lives.

Be sure to visit us online at PAHOfcu.org or stop by and ask about our 70-Year celebrations. Thank you for being a member of PAHO/WHO Federal Credit Union.

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[1]APR=Annual Percentage Rate. 1.99% APR on balances transferred from NON-PAHO/WHO FCU credit cards completed through 03/31/2019. Balances transferred by 03/31/2019 remain at 1.99% APR for 12 months from the date of the completed transfer, after which any unpaid balance remaining from the transfer reverts to the current effective rate (currently 7.50% –11.75% APR). Promotion can end at any time without prior notice. Restrictions may apply. Not all applicants will qualify for the program. A 1% foreign transaction fee applies to Platinum Mastercard. [2]Balance transfers do not earn points and rewards are only accumulated on new purchases. [3]Credit limit based on credit worthiness. If you already hold a PAHO/WHO FCU Mastercard your total credit limit cannot exceed $50,000. Federally Insured by NCUA.

YOU'RE INVITED TO ATTEND THE ANNUAL MEETING

Wednesday, April 17, 2019

4:00 pm at the PAHO/WHO U.S. Headquarters Building
525 23rd Street NW in Washington D.C. USA
Main Council Chamber (Room A)

Questions?
Call us toll-free at 1-866-724-6328 or stop by the branch.

LETTERS TO THE EDITOR

AFSM is committed to developing channels for two-way communication with our members and others. We will be including a new section to the AFSM newsletter - **Letters to the Editor**. You are invited to comment on an article in the current issue of the Newsletter, and to please send us your remarks within 6 weeks of receiving it. Your contribution may be edited for clarity, accuracy and length. Letters of 200 words or less have the best chance of being published. Please be sure to include a contact name, address, phone number, and if possible, an email address.

Thank you. We look forward to hearing from you.

Received from our Dear member Henyk Weintsenfeld

"As usual, it is very interesting and especially very important to share experiences. I would like to refer to the Chronicle of Hernán Rosenberg about what happened in Sochi. In 1968 (50 years ago?) representing Uruguay, I participated in a travelling seminar organized by WHO, through different parts of the former Soviet Union, which included Sochi. Already at that time the beaches had no sand but the same pebbles that Hernan found on his recent trip. As you can see, there were no changes in this regard.

But what I'm most interested in is to comment is the topic of the Blue Card. What can retirees that don't live in the US and don't have the famous blue card do?

Greetings to all colleagues and friends,

Henyk"

AFSM: Henyk was informed directly that the Blue Card is not just for USA residents but for all countries. He was referred to SHI Geneva to inquire about his card, just in case he has not received it.

Health and well-being in ageing populations: the role of WHO[1]

By *Lindsay Martínez*

With ever more rapidly ageing populations worldwide, the demands on medical and social services are constantly increasing, and existing resources are already severely stretched in most countries. The ongoing demographic changes will continue for decades to come. To avert a nightmare scenario in which many older people would not receive the care and support they need, new strategies and adjustments to public health planning and social care are necessary. This article considers the approaches that WHO is promoting to ensure the health and well-being of older people as their numbers grow.

The situation

The trend whereby people are living longer began in the wealthier countries but is now a worldwide phenomenon. The pace of population ageing is increasing globally and by 2050, 80% of people aged over 60 will live in low- and middle-income countries. Living until 100 years of age used to be a rare event and is no longer unusual or remarkable. The extra years of life may allow older people to live much like younger people, but not if ill health, physical and mental decline supervene. Medical and social services in most countries are not adequately equipped and resourced to meet the needs of a rapidly expanding population of older people.

Whether a person ages relatively rapidly or more slowly depends on a complex mix of genetic and environmental factors. The diversity in health seen among older people arises mainly from their physical and social environment, which has a cumulative impact throughout the life course from the earliest age. While people aged over 70 may stay healthy and lead active lives, many become increasingly frail and/or suffer one or more debilitating conditions. In addition, specialists recognize a "geriatric syndrome" among older people, resulting from the co-existence of several medical conditions and their consequences (falls, incontinence, pressure ulcers….). Life-style factors which can reduce the risk of noncommunicable diseases and improve both physical and mental capacity include balanced diet, regular exercise, and not smoking. Restoring the muscle

[1] This article is taken from the AFSM Geneva January 2019 newsletter and is reprinted with the permission of the author and newsletter editor.

mass by exercise and good nutrition can even reverse frailty, and delay dependence on care.

Longer life can bring positive opportunities for retired people who retain good health and live in a favorable setting. Nevertheless, as life expectancy increases, so does demand for medical and social services, bringing challenges that are yet to be met.

UN initiatives and the role of WHO

The 2002 *Madrid International Plan of Action on Ageing* was hailed as a turning point towards "building a society for all ages". However, the principles were not widely applied in practice. Recognizing that implementation had generally been poor, in 2011 the UN adopted a resolution *(UN RES 66/127)* which included comprehensive recommendations for ensuring the rights and well-being of older persons. In 2015 the UN Sustainable Development Goals were agreed, including Goal 3 to *Ensure healthy lives and promote well-being for all at all ages*, thereby stressing quality of life throughout the entire life course.

WHO has always recognized, in many of its disease control programmes, the importance of the diseases which disproportionately affect older people. But good health is not just the absence of disease. The establishment of the Department of Ageing and Life Course in late 2007 marked a major shift in the priority that WHO accords to the health and well-being of older people, and recognition of the need for new approaches and adjustment of existing health-care policies and practices. The first *World Report on Ageing and Health*, published in 2015, presented a framework for public health action, and the evidence gathered during the survey provided the basis for the *Global Strategy and Action Plan on Ageing and Health.* The global strategy has 5 objectives for the period 2016–2020, covering political commitment, age-friendly environments, aligning health systems with the needs of older populations, systems for long-term care, and better monitoring and research on healthy ageing. A mid-term review found that the proportion of countries which met 10 selected performance indicators varied from 58% to 14% for the individual indicators, with wide regional differences. Thus, much remains to be done by 2020. Meantime, evidence is being gathered and partnerships set up to support a *Decade of Healthy Ageing*, 2020–2030, envisaged as a decade of concerted global action to improve the quality of life for people as they grow old.

The local infrastructure, availability of social services, and attitudes of the population all contribute to the health and well-being of older people. Recognition of the importance of these factors led to the establishment by WHO of a *Global Network for Age-friendly Cities and Communities* in 2015, in which more than 700 cities in 40 countries in diverse cultural and socio-economic settings are currently working to

promote active ageing and a good quality of life for their older residents. The *International Day of Older Persons*, held annually on 1 October, highlights each year a specific aspect of healthy ageing, such as the need to counteract ageism (2016), the contributions that older people make to society (2017), and respecting the human rights of older persons (2018). WHO celebrated the day in 2017 by advocating for universal health coverage that includes the needs of older people, and launched guidelines on *Integrated care for older people*.

WHO is pursuing a cross-cutting 'horizontal' approach, drawing upon the specialized expertise of various departments and the regional and country offices, to ensure that the full range of older people's medical and social needs are addressed holistically and in coordination. Integrated care, covering all of those needs, with emphasis on primary care, is considered to be the most effective and cost-effective strategy for improving the health and well- being of older people.

To bring the story right up to date, Dr John Beard, Director of the Department of Ageing and Life Course, kindly agreed to respond to questions on progress and future prospects.

Dr Beard's comments

We are living in a demographic transition that has never been experienced in human history. Attitudes to ageing need to change. Outdated attitudes create problems rather than solving those we already have. Discrimination against elderly people is widespread and rooted in long-standing misconceptions and assumptions. Living longer does not just mean extra years at the end of life. Many retired people pursue active lives in good health for many more years, and many more could do so if health inequities were overcome. The common perception that older people are a costly burden for society has a negative influence on allocation of funds for public health and social care. In fact, the greatest cost comes in the last 18 months of life, regardless of the length of life, so increased life expectancy does not inevitably increase health-care costs. In an equitable system, older people should be treated fairly, according to their needs, so that they can do the things they value for as long as possible, not just avoiding disease.

The cost of caring for older people should be seen as investment rather than expenditure. We know that overall, older people contribute more to society than they cost. And benefits accrue from investment in socio-economic development, such as enabling older people to live independently, creating jobs, leaving women free to work professionally. We need to get away from rigid structuring of the life course in stages defined by years of age. Retirement from the workforce characterizes and classifies people artificially. Mandatory retirement age was abolished in the USA several years ago. Flexibility would allow people to contribute for as long as they are able to do so and may save costs that would otherwise have to be met by families. It should also be noted that ageing has less impact on health expenditures than, for instance, new medical technologies and therapies.

The global strategy is gradually gaining support. Chile, China and Viet Nam are examples of countries which have begun to restructure their systems for medical and social care, including ensuring long-term care, and exploring and assessing innovative models for provision of integrated care. We look forward to learning from their experiences. There are evidence gaps that need to be filled from these and other studies, particularly to determine whether or not the extra years of life are lived in good health, and to shed light on the unsolved mystery as to why people are living longer.

Fundraising is difficult in this area and our efforts have so far had little success. The main source of funds for our activities is Japan, the country which has both the oldest population and a high rate of economic growth – contrary to misconceptions about the cost of caring for ageing populations! But funding agencies have generally not responded and have not recognized the need to put systems in place before benefits for older people will become apparent. Where we can claim success is in raising awareness and interest in the current demographic transition and its consequences, as evidenced by the influence of the *World Report on Ageing and Health* which has been downloaded in its entirety more than 350,000 times. This is an encouraging sign for the future. The *Decade of Healthy Ageing* should catalyze global action to improve the health and well-being of older people, and financial support for this endeavor.

Conclusion

The emphasis that WHO now places on the needs of older people is very welcome. The subject is particularly relevant for our readers who are encouraged to explore the informative WHO publications, notably the *World Report on Ageing and Health* which is a rich source of information on the health, social and economic aspects of ageing, and how services need to be re-organized to meet the needs of rapidly ageing populations.

Our very appreciative thanks to Dr Beard who provided input at a time when he was extremely busy, with much to complete prior to his retirement from WHO at the end of 2018. We wish him pleasure and success in the next phase of his career. N

AFSM Brazil Chapter

By César Vieira

In December 2018, our friend and colleague Joaquín Molina ended his term as the PAHO/WHO Representative in Brazil, while simultaneously reaching his age of retirement. During his tenure, he was a source of sincere, generous and unconditional support for the Brazilian Chapter of AFSM, for which we will always be grateful. With his support, a seminar was held for retired PAHO/WHO residents in Brazil, which was jointly conducted by the Representation and the Association. Additionally, a meeting of the Brazilian Chapter of the Federation of Associations of Former International Public Officials (FAFICS) was hosted at the Representation's office. Joaquin, we wish you a happy retirement experience and we look forward to seeing you as a member of AFSM.

The current PAHO/WHO Representative, our esteemed colleague Socorro Gross, assumed her new position in January 2019 and we wish her successful and very effective leadership. Knowing her performance in other work assignments in the Organization, we are certain that our relationship will be fruitful and favorable for the welfare of former PAHO/WHO staff in Brazil. We will seek an early opportunity to have a meeting with her to exchange expectations and discuss areas of mutual interest between her leadership of the PAHO/WHO office and the Brazilian Chapter of the PAHO/WHO Association of Former Staff. N

REQUEST FOR NEWSLETTER CONTRIBUTIONS FROM MEMBERS

This is a reminder that the AFSM newsletter is a tool for communication with and among our members. As such, we encourage you to send your contributions. We would love to share with everyone your exciting and challenging activities in retirement: hobbies, travels, fun outings, interesting encounters, or whatever you think would be interesting to share. Please send your articles of approximate 2 pages with photos to

ricemarilyn2011@gmail.com

Where Are They Now?

“A retiree who did not retire”

By Habib M. Latiri

After spending five years as PWR in Suriname, where I have earned the Award of the Best Manager of the Year, Dr. Gro H. Bruntland, Director General of WHO, invited me to represent her in Lebanon as part of her cross-fertilization program. The assignment was another success in my work with the Organization. I have earned the trust and the loyalty of Dr. Gezairy, RD/EMRO, who encouraged me to run for his position upon his retirement. And I did with the full support of my country, Tunisia. This candidacy was withdrawn by the revolutionary government. Back at work, PAHO asked me to write a manual for the management of the Sub Regional programs. I did and went to Lima with Dr. Licha to present it to the officials of that Sub Region.

My wife of 47 years, Corazon, is a retired physician, retired from her former position as Head of the clinic of Fort Mc Nair (Walter Reed Hospital). Both of us decided to continue taking care of our family and properties. I made some adjustments to our portfolio and we purchased a Health Centre in Waldorf, Maryland.

Our daughter Sonya, who was born with a learning disability, continues to improve her life and build up her future. She took courses at Montgomery County College, had several training sessions, and, with our daily support, Sonya who works every day, is saving her money, and continues to live with us. Our son, Omar, finished his college degree. He is working in an international organization, is married and has a daughter, our granddaughter, Helena. She is 11-years-old, is doing well at school where she is in the talented and gifted program, and she is almost taller than all of us.

One day, I was invited by Dr. Teruel to join a group of former PAHO Senior staff who meet monthly for lunch. I enjoyed the discussion and the company. I made a suggestion that this group should establish a Think Tank and make these discussions available to others. As a result, Global Health International Advisors (GHIA) was established officially and Dr. Sotelo was elected President. He served for four years and I have been the President for three years. Among the founders were Dr. Teruel, Dr. Schmunis, Ing Otterstetter, Mr. Ibáñez, Dr. Fefer, Mr. Segovia, and myself.

At the request of the Ambassador of Suriname in Washington, I went back to Suriname after fifteen years. I was able to see my former staff, government officials, as well as friends and former national colleagues. It was also an opportunity to promote GHIA.

After the revolution, we (GHIA) were invited by the Ambassador of Tunisia to assist in the country. Drs. Sotelo, Teruel, Zacarias and I provided technical assistance to medical students and had several discussions with Minister of Health there. We also established GHIA/TUN. We subsequently travelled to Lebanon and Syria, where we organized a group to carry out GHIA/LEB activities. We have provided Lebanon and Syria with programs to improve their health systems to achieve the universal health coverage.

In Argentina, GHIA/ARG is also very active under the leadership of Dr. Pages. Drs. Teruel, Sotelo and I went to Argentina and participated in the International conference of Alianza Latinoamericana y del Caribe de Salud Global (ALASAG). Also, I signed an agreement with the University of INSALUD to coordinate our work. Dr. Roses, former Director of PAHO, attended that ceremony.

GHIA is very active in the Philippines, under the leadership of Mrs. Grimalt, President of GHIA/PHI. We developed several programs to assist the children of Tonko. A few weeks ago, I came back from Manila, where I met with Dr. Kasai, the new RD/WPRO, who was very supportive of GHIA and recommended that I continue helping the needy children. All these activities are funded from my own money.

GHIA and PAHO, at the request of Dr. Etienne, Director of PAHO, organized three joint seminars. Those of 2018 were successful. The first of this year will take place at PAHO in April. All are invited to attend.

GHIA meets once a year with Dr. Carissa Etienne over lunch, to share information and talk about current events.

My family visits Tunisia and the Philippines once a year. Finally, when I am exhausted, I go to our farm (El Rancho) in Brandywine, Maryland, about an hour from PAHO, to see the horses, enjoy nature, relax and think about tomorrow. That and driving my Corvette keep me in good health.

Thank you for reading my article. N

TED-Type Talks on topics of interest in the Area of Aging and Quality of Life

By Martha Peláez

A survey was conducted on 17-30 August 2018, via electronic mail to 501 AFSM members to inquire about what might be the topics of interest for electronic TED-type talks in the area of aging and quality of life. 285 people read the message, 138 entered and reviewed the questionnaire, and 93 responded. We send our thanks to everyone who responded and shared your priorities for a series of health promotion presentations that meet the interest of our members.

It appears that all the topics we listed are of interest to the responders of the questionnaire. However, in the interest of selecting topics with the greatest possibility of success, we have identified the following three topics for 2019:

1. Changing lifestyle: is it possible after 60? - May 2019
2. Brain health: what is the new science? - July 2019
3. I want to "rock" and not "roll": how to stay active and avoid falls - September 2019

It is envisioned that the focus for 2020 will be on: Multiple variables and aspects of planning for frailty.

These TED-type programs will be prepared in collaboration with PAHO's Aging and Health Program in the Aging and Life Course Unit. Each TED talk will be taped and archived in the PAHO you-tube channel with sub-titles (English to Spanish and vice versa). After each TED talk is aired, there will be an opportunity for questions and a blog will enable everyone to participate in an on-going conversation about the topic.

Prior to the first TED talk, the Association will send e-mails with details on how to access the event. N

Obit for Pablo Alberto Isaza Nieto

By Marilyn Rice

The medical doctor Pablo Alberto Isaza Nieto dies in Ibague, one of the great public health specialists in Colombia.

Isaza was born in Pamplona, Colombia in 1937. In 1966, he obtained his degree as a surgeon from the National University of Colombia; in 1968 he achieved his Master's degree in Public Health at the Medellín School of Public Health; and in 1970 he graduated with a Master's degree in Administration and Hospital Management from the School of Public Health of Chile.

He was Director of Saldaña Hospital from 1966 to 1967, he was Head of Medical Care of the Regional Health Service of Tolima in 1969, and from 1970 to 1972 he was the Director of Planning for the Ministry of Public Health. In 1973 he served as the first director of the Federico Lleras Acosta Hospital, and from 1974 to 1975 he was the director of the Hospitals National Fund of Colombia.

As a result of this important journey, he became a consultant to the Pan American Health Organization and the World Health Organization from 1975 to 1997, and subsequently became a consultant in health services for PAHO, WHO, UNDP and UNICEF.

He was President of the Tolima Chapter of the National Academy of Medicine, and he received the Order of *Cruz de Esculapio* from the Colombian Medical Federation.

Concerned about generating public policies that improve the health system, he built and coordinated the development of the food and nutrition public policy in 2007, the Ibagué health policy in 2009, and the Ibagué women and gender equity policy in 2010.

He was a columnist for EL NUEVO DÍA[1], and was always recognized for his commitment and dedication in each of his writings, demonstrating his professional ethics in each

[1] Regional newspaper from the Department of Tolima, in Colombia. http://www.elnuevodia.com.co/nuevodia/

subject. He shared very important information, which was highlighted by his in-depth research, and he shone a light on topics that had to be addressed, urgently, about the health crisis in the department and the country. This human side, critical of the health system, was one of his most striking qualities, because it always stressed the importance of empathy and tact that all doctors should have.

This career was recognized by the award of the Medal of International Health Services, bestowed upon him by the Pan American Health Organization and the World Health Organization in Washington.

Pablo Isaza will always be remembered as one of the best doctors in Colombia, but also for being a great human being, described by his friends as a gentleman, and a loyal and dedicated man. The Mayor of Ibague, via the first city authority - Guillermo Alfonso Jaramillo, gave Clara Ines Vargas, Isaza's widow, and his sons Juan Pablo and Ana María, a posthumous exaltation, recognizing his commitment to the good development of Ibagué, and his work for the health sector of the region. "He will always be remembered for his spirit of dedication, devotion and social construction, being a guide and a tireless fighter for the defense of health rights." He also mentioned Dr. Isaza's contributions to the social development of the country.

But most of all, Pablo Isaza was a good man, a gentleman before anything else. He was a loyal and gallant friend, in the good, the bad and the worst of times. An emotional goodbye message was sent to a great man of Tolima.

José María Paganini wrote: An affectionate memory for "Pablito" (that's what we called him in daily conversation). A friend, partner, colleague, of permanent dynamism and responsibility. We know of your contributions to the collective health of the continent. With condolences to your family, today, Pablito, we remember you with affection.

Helena Restrepo wrote: Pablo Isaza was a very dear companion to those who worked with him. He was a very nice person; one liked him and easily established a relationship of empathy with him. This was easy because he had a special sense of humor, improvising with an appropriate funny comment on any situation that occurred. All your friends and acquaintances recognize you. N

Things to Remember

Your opinion is important

The AFSM Board and committee coordinators would like to know about the expectations of its members.

We might not be able to solve all your problems but we have resources that could be utilized. Also, we encourage your contributions to the Newsletter, either in the form of articles for publication or in comments about its contents.

To reach us, send us emails to:

afsmpaho@gmail.com

You can also write to:

AFSM c/o PAHO
525 23rd Street NW
Washington DC 20037-2895

Contact Information

Please refer to AFSM Directory and be certain that all your personal contact information is correct. Visit AFSM web site and find details on who to write to, depending on the matter you want to inquire about or inform us of. We also encourage you to provide us with updates of your address, email or telephone, if there are changes, so that the Newsletter and other important information can be sent to you on time. Any changes or additions to your contact information should be sent by postal mail to PAHO Headquarters in Washington DC or, preferably, by email to:
afsmpaho@gmail.com

PAHO/WHO AFSM Web link:
http://www.afsmpaho.com, and to register please use your email address as your ID and as password use: **Paho1902!**

To become member of the Facebook page of AFSM
Go to: **http://www.facebook.com/group s/230159803692834/**

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