NEWSLETTER

THE ASSOCIATION OF FORMER PAHO/WHO STAFF MEMBERS

VOL. XXVIII, NO. 4 OCTOBER 2017

"Fruit Vendors in Cartagena, Colombia"

Contents

Editorial

29th Pan American Sanitary Conference

By Germán Perdomo

Although we are an association of former staff, we continue to be interested in public health - its advances as well as its challenges, and, of course, the responses to them of the Pan American Health Organization. As such, we considered of interest to present a brief overview of the topics addressed at the recent Pan American Sanitary Conference. (Details can be found at the PAHO website.)

The 29th Pan American Sanitary Conference took place at PAHO Headquarters between September 25 and 29. It ended with the approval of a new health agenda for the Americas and a series of strategies and plans of action addressing health challenges in the coming years. The Sustainable Health Agenda for the Americas 2018-2030 includes goals ranging from achieving universal health coverage to ending the HIV/AIDS epidemic. It is inspired by the United Nations Sustainable Development Agenda 2030, and has eleven objectives and sixty goals.

Ministers and delegates from the 35 PAHO member states adopted the following strategies and action plans:

- A strategy that seeks to guide national human resources policies to achieve Universal Health Coverage and the Sustainable Development Goals
- An action plan to strengthen vital statistics related to the population of each country
- A plan of action to sustain the elimination of Measles, Rubella and Congenital Rubella Syndrome
- A strategy and action plan to strengthen tobacco control and completely free the Region from exposure to tobacco smoke in the next five years
- A policy on ethnicity and health to improve the health of indigenous, Afro-descendant and Roma people

During the meeting, Dr. Carissa Etienne was re-elected for a second five-year term as PAHO Director, starting in February 2018. We sincerely congratulate her and hope to continue collaborating with her and with the Organization.

AFSM continuously monitors progress in PAHO to keep its members aware of developments in public health to inform and benefit the members.

Communication with AFSM Members

By Antonio Hernández

The Communication Committee of the Association of Former PAHO/WHO Staff Members (AFSM) is harnessing the power of information and communication technology to better serve and respond to all member inquiries. To reach this goal, the Communication Committee faces the challenge of how to collect relevant and up-to-date information for members, find the mechanisms to make information quickly and easily available to them, and keep the information flowing.

To progress on that issue, the Communications Committee is working on two fronts; but to be successful it is necessary that members be active participants.

- The first front is the revamping and updating the AFSM website (www.afsmpaho.com)
- The second front is to keep the contact information of members updated. This includes both the physical mailing address and the email address. The email address is key to facilitating the instant communication with and among members.

The AFSM website is the perfect tool to post information, news, and communications relevant to members. The information is presented both in English and Spanish, in order to be useful to both language communities. Also, the use of the website and access to information have been designed to be user-friendly and intuitive.

One of the tasks of the Communications Committee is gathering information that reflects the latest issues or changes in areas relevant to the members. The AFSM website is permanently updating the information in relevant areas such as:

- Documents produced by the AFSM Board Members and Collaborators: this information includes the Bylaws, new voting procedures, forms for registering for AFSM or renewing registration, forms for change of physical address, and forms for change of email. The latter form is key to maintaining the continuity of communication with members.
- Documents related to the pension fund produced by the UNJSPF: this information includes access to the new UNJSPF website and the specific forms needed to make changes related to your pension.
- Documents of the Staff Health Insurance (SHI), including the latest changes to the rules.

Through the “Board” tab on the website, you can contact AFSM Board Members and communicate with them using a secure channel. If you have specific questions related to general matters, the newsletter, pension and health insurance, AFSM membership or the AFSM website, you can address these questions or inquiries to each one of the coordinators of

these committees using the "Contact" tab. The latest addition currently under construction is information about which PAHO authorities and staff you should contact for information on pension, health insurance, taxes, and liaison staff with AFSM.

To learn about and have a reminder of AFSM's history, as well as the Association's important milestones, go to the "Newsletter" tab. There you will have access to the past twelve years of newsletters. If you want to learn about AFSM activities and Country Chapters, go to "Events." A collection of pictures related to activities are available for you to remember and enjoy.

Home page of AFSM website

Under "Directory" you can find contact information for your friends and colleagues. You will need to register to have access to this area. If you are not already registered, please contact AFSM via email at **afsmpaho@gmail.com** for instructions.

We encourage you to visit the AFSM website (**www.afsmpaho.com**), to browse through the information, and send us your comments and suggestions to help us make the site more in line with your topics of interest. Remember, the AFSM website continuously undergoes adjustments and your contributions are essential.

Finally, as we mentioned above, maintaining communication from and with us is key, so it is important to have your most up-to-date contact information. The best way is through your email. If you have changed or are planning to change your contact information, please fill out the forms you will find on the website and send them to AFSM according to the instructions provided. This may be done electronically via email or by regular mail. N

Staff Health Insurance and Pension Update

By Carol Collado

Staff Health Insurance

It's time to recap a few developments and inform as to progress.

As mentioned before, there is an ongoing governance committee doing ongoing work to revise the Rules. This does not mean that the Rules are constantly in flux. The changes expected at this time will be mostly related to clarifying and simplifying the content and structure of the Rules, as well as responding to your communications and some difficulties encountered in interpretations of certain Rules. Be on the alert for one thing on the horizon: the age of coverage for children, as there is a suggestion that going forward this might be increased to 28-years-of-age. The Global Oversight Committee (GOC) will meet in October to examine the suggested changes to the Rules, and their version will be sent to the Director General for approval. If approved, the new version will take effect as of 1 January 2018. It will be printed in full at the beginning of 2018 and sent out to all members.

Some of you are awaiting the electronic submission of the claims. This feature is still scheduled to be implemented before the end of this year in the Americas Region.

A reminder for all of the SHI participants who have not yet registered their email with SHI through the retiree representatives email, please do so (shi.retreps@gmail.com). You will be able to access information immediately from the SHI section in Geneva and communicate any problems to the representatives who will help you to walk through the resolution process.

In the last Newsletter I mentioned my participation on behalf of AFSM in the process of identifying the company which would be awarded the contract for administering the SHI in the USA (presently Aetna). At that time, it was believed that the process would be terminated so that the new contract would be operational at the beginning of 2018. Unfortunately, there have been a few complications along the way, but trying to find the best answers for the participants has always been at the forefront. Final meetings on the selection are planned for early October, which means that there will be a delay in the initiation of the new contract. For those in the USA this means that Aetna will continue to serve as our administrator, at least through February or March 2018. As soon as selection has been made and approved, you will be informed.

Pension

In our last newsletter we encouraged all of you to read the CEO Annual letter. Since that is available only in English and French, we have summarized some of the important points here. You are, however, encouraged to go to the original. **There is important content that should be reviewed.**
www.unjspf.org/wp-content/uploads/2017/05/annletter2017engupdated.pdf

1. **CEO's message:** He identifies and explains all of the critical changes and improvements over the past year: IT system, processing advances, a pilot call center and the member self-service portal.

2. **Financial Situation:** The most recent actuarial estimates (December 2015) show that the Fund is receiving contributions adequate enough to cover the present and estimated future responsibilities with a small surplus remaining. This translates into the fact that premiums will not presently increase. The rate of return was 5.2%, becoming 3.1% when adjusted for inflation.

3. **Governance:** Discusses the Board meeting in July 2016 and amendments to the operations of the Fund and highlights the work of this year for the Board, which includes budget proposals for 2018-19, identifying assumptions for the actuarial review in December 2017, and an end to the review of the separation process (see also the message from the chairman: **https://www.unjspf.org/?s=message+from+the+chairman**.)

4. **Retirees and Beneficiaries:** Mentions the awarded USA dollar increase of 3.6%, and provides an explanation of two track calculations, marriage, divorce, widow, widower relevance for the Funds benefits, the Certificate of Entitlement and what to do if you have not yet received it, emergency fund assistance and Staff Health Insurance (SHI) deductions. **The chart on page 25 entitled "Other Information You Should Know: Survivor's checklist" is a must read for all.**

5. **Website:** the new services provided include a You Tube site with informational videos, the member self-service and others.

You will be pleased to know that in the final section identifying other associations that could benefit retirees, PAHO/WHO AFSM has for the first time been listed, a feat accomplished by our President. This not only permits a listing in the Website but acknowledges the association within the bureaucracies of UNJSPF and therefore enables your association to work for you as a recognized entity.

We continue to encourage all of you to open an account in the new member self-service portal where you will be able to trace the history of your contributions and check to see if your Certificate of Entitlement has been received. Should you wish to do so, please consult our July 2017 Newsletter (**www.afsmpaho.com**) where, on page 9, there are specific instructions on how to set up your account.

Also, you will have recently received a letter from the UNJSPF informing you that according to new international payment format standards, a physical mailing address must be reported. In the great majority of cases this does not require any action on your part. Should there be a question, the UNJSPF will correspond with you in the official ways.

As usual, AFSM is more than willing to help you with any difficulties you may have in dealing with SHI or UNJSPF issues.

A REMINDER: PLEASE DO NOT SEND YOUR PERSONAL IDENTIFICATION INFORMATION OR PASSWORDS THROUGH EMAIL. IT IS NOT A SECURE SITE AND WITH THE NUMBER OF INTERNET SCAMS OCCURRING, IT IS NOT SAFE. N

Welcome to new AFSM members	
From other parts of USA	**From other countries**
Akinori Kama – Honolulu, Hawaii	Luz María Belaunde – Peru Rossana Allende - Uruguay Armando Vásquez Barrios – Venezuela

Techno Tips

Advice to prevent computer hacking

By Marc Y Touitou, WHO Global IT Director

With the authorization of AFSM Geneva, we are including the following summary of Jean-Paul Menu from the July issue of the Global AFSM newsletter. He was quoting an information circular issued by Mr. Marc Touitou and referred also to the bad experience of one AFSM member who had to obtain bit coins and pay a ransom for unlocking his files.

- Do not open any suspicious, unexpected emails, and, in particular, attachments and/or links to other websites.

- Do not be tempted to open attachments assuming your antivirus will take care of any malicious software. This is a common mistake - new viruses are always out before countermeasures are in place.

- Do not assume it is safe to open suspicious emails on your phone.

- Do not disclose your personal information after clicking on suspicious links.

- Should your computer become infected, do not pay any ransom demanded.

- For Ransomware, in particular, if you have a Windows computer, make sure you have Microsoft's monthly security update for October, November or December 2017 installed and your antivirus software is up to date. The best way to make sure your computer is up-to-date is to configure it to check for and install Windows updates automatically.

Please keep in mind that antivirus software is about 90% effective and does not offer full protection. You should also make backup of the most important information on your computer, as all can be lost in matter of minutes. N

Health Tips:
Making life style changes is not hard if you know how…

By Martha Peláez and Gloria Coe

Many of us live with multiple chronic conditions. We know that living with diabetes, hypertension, cancer, arthritis, asthma, and other chronic health problems requires us to deal not only with the disease but also with pain, anxiety, depression, fatigue and other difficult emotions. What we eat, what we do, and where we go, seems to cause new problems and/or present new challenges in our daily life. We get frustrated with our old habits but it is hard to change. It is a lot easier to blame old age and poor health for all our troubles.

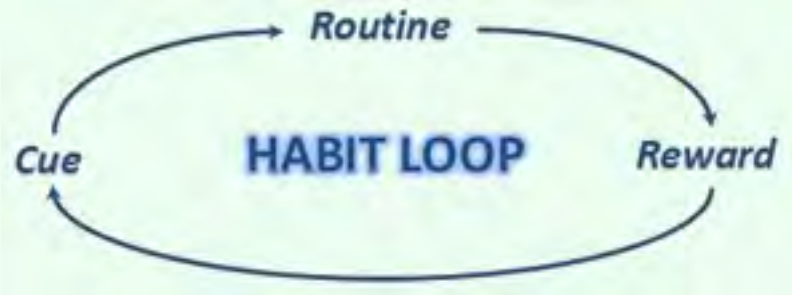
If we believe that our health problems are the result of 'old age' or 'disease', we probably feel helpless to do anything about our quality of life. However, if we realize that many of our problems may be caused by what we do (e.g., sitting too much) or what we eat (too much fat), or stress (financial or not); we may begin to see possibilities and solutions to improve our quality of life. But what we do, eat, how we deal with stress and how we manage emotional ups and downs have become life-long habits. So learning to change old habits with new routines may be the secret for achieving quality of life and wellbeing as we get older.

Can I teach an 'old dog new tricks'? Can I change habits that were created a long time ago that are not helping me in this phase of life?

Charles Duhigg, Pulitzer Prize-winning reporter for the New York Times, wrote an insightful book titled: *The Power of Habit: Why We Do What We Do in Life and Business*. In the first two chapters of the book the author reviews neuroscience research, advertisement theory, and case studies regarding the nature of habits. In chapter 3 titled "The Golden Rule of Habit Change: Why Transformation Occurs", he writes about Tony Dungy, the head coach of the Tampa Bay Buccaneers football team. In his interview for the job of coach, Dungy was asked to explain his coaching philosophy. He said: "Champions don't do extraordinary things. They do ordinary things, but they do them without thinking…. They follow the habits they've learned."

Coach Dungy philosophy changed a losing team into a winning team. How did he do it? His recipe is simple: "Habits are a three-step loop – the cue, the routine, and the reward." Dungy understood the cue and the reward were built into the players mind and did not need to change. What needed to change is the middle step or the routine. Coach Dungy understood it is a challenge to overcome routines frequently learned since childhood. To change the routines of his team, Dungy trained team members to automatically link the

cues and rewards they already knew to newly-learned on-field more successful routines. In essence, Dungy retains the cue and reward of the habit loop and changes the middle, the routine. He decides to change old habits by changing the routine, thereby creating a new habit. Learning a new routine while retaining the cues and rewards facilitates the players to adopt the new routine or behavior because there is something familiar at the beginning and end.



Based on the graphic design below, for the individual on the left the cue is feeling alone and craving for relief from loneliness with the habitual routine of drinking alcohol that is rewarded by a sense of relaxation. This habitual routine is changed on the right by adopting a new routine of visiting with and enjoying family and friends while both the cue and reward remain the same.

Framework for understanding how habits work and how they might change: If you use the same cue and provide the same reward, you can shift the routine and change the habit. Almost any behavior can be transformed if the cue and reward stay the same.

This framework has been used to develop treatments for alcoholism, obsessive-compulsive disorders, and many other destructive behaviors. In his book, Duhigg shows how we can apply it to any situation when we want to change a habit by following these steps:

1. Identify the routine: frequently this is not always obvious, generally it is the behavior you want to change.

2. Experiment with rewards: to understand the cue you first have to experiment with rewards. Try out a new reward each time you feel the urge to complete the routine. For example, if you find yourself eating junk food every afternoon, try eating an apple instead, or drinking coffee, or chatting with a friend. Then set a 15 minute timer and when it goes off ask yourself if you still feel the same urge. If you do, you haven't yet identified the cue. Keep experimenting and you'll eventually understand if you were actually hungry (in which case the apple would work), if you were tired (in which case the coffee should help), or if you just needed a break (which your friend should provide).

3. Isolate the cue: Once you identify the reward that satisfies the cue, there is still work to do to understand exactly what the cue is. Most habitual cues fall into five categories: location, time, emotional state, other people, and an immediately preceding action. If there is a habit you're serious about changing, keep a log of your location, the time, your emotional state, the people around you, and the action you take immediately prior to your habit. After a few repetitions, you'll probably be able to see the pattern.

4. Have a plan: Once you recognize your routine, reward, and cue, it should be easy to design a different routine that provides the same reward after the same cue.[1]

Living healthy with chronic conditions requires resilience and self-management skills.

Making life style changes is not hard when you understand the key is learning new routines to respond to the cues in our lives. Nevertheless, it is obvious that changing habit loops and learning new routines is not a simple overnight achievement. Knowing that I have to change a routine and having the confidence that I can change the routine are two different things. When we have good self-management skills, feel ready for change and want to experiment with changing a routine, reading *The Power of Habit* by Charles Duhigg may be a good first step.[2]

However, many of us will need to build or re-fresh basic self-management skills in order to change a daily routine and booster our motivation for change. Self-management is what we do every day when we leave the physician's office with a treatment plan that frequently includes medications and recommendations regarding diet and physical activity. The US Institute of Medicine defines self-management as "the tasks an individual must undertake to live well with one or more chronic conditions." Self-management empowers patients to

---

[1] http://www.deconstructingexcellence.com/the-power-of-habit-summary/

[2] https://www.amazon.com/s/ref=nb_sb_ss_i_4_18?url=search-alias%3Daps&field-keywords=the+power+of+habit+by+charles+duhigg&sprefix=The+Power+of+Habit%2Caps%2C167&crid=53XAV0VBKCXW&rh=i%3Aaps%2Ck%3Athe+power+of+habit+by+charles+duhigg. The book is available in both English and Spanish on amazon.

understand their conditions and to take responsibility for their health. Self-management includes the ability of the individual to identify those routines that need to be changed in order to change habits and help manage the disease as well as the impact of the disease in our daily lives. Some of us may argue that self-management skills are important to live healthy productive joyous lives whether or not we have a chronic condition.

Fortunately, for those of us looking for coaching and guidance to adopt healthier lifestyles, the Stanford Patient Education Research Center in the Department of Medicine at the Stanford School of Medicine has more than thirty years' experience developing, evaluating, and translating into practice self-management programs for individuals interested in adopting healthy lifestyle routines. The Stanford programs are available for both English and Spanish speakers with chronic health problems. The programs are the product of research testing the effectiveness of self-management programs based on randomized, controlled trials.[3]

The best known of the Stanford programs is ***Chronic Disease Self-Management*** based on the core principles of Albert Bandura's[4] theory of self-efficacy[5] and behavior change science. The Chronic Disease Self-Management program is offered by the Self-Management Resource Center which maintains the license and provides training in more than 15 languages in more than 30 countries worldwide including Australia, Europe, Asia, the Caribbean and Latin America.[6]

What is Self-Management and what I can learn from the Stanford approach?

The Stanford Self-Management Workshop is designed to provide not only self-management education but also self-management support. During the workshop participants not only learn tools that are helpful in self-management but they also have the opportunity to practice these tools weekly in a supportive learning environment. Every participant chooses something ***they want to do*** and learns how to break it down into small steps so the new routine is achievable. Small successes build stronger self-confidence to make better choices. Success in self-management is not linear; we all find barriers to redirecting the new routine and way we do things. The six-week workshop provides tools for problem solving and for making decisions to help participants adopt routines to find alternative ways to respond to cues and to achieve what they want to do. The workshops are not lectures; group leaders are not professors, they are facilitators. Each participant does the work. Over 20 years of research results have shown amazing savings in cost of care, hospitalizations, and equally important is significant improvement in health and wellbeing.

The Chronic Disease Self-Management Workshop in English, or *Tomando Control de su Salud* in Spanish, is offered in two formats: small group setting and on-line.

---

[3] For bibliography documenting research on the programs: (https://www.selfmanagementresource.com/resources/bibliography/)
[4] Professor Emeritus at Stanford University, widely recognized as one of the greatest living psychologists.
[5] Bandura defined self-efficacy as one's belief in one's ability to succeed in specific situations or accomplish a task. One's sense of self-efficacy can play a major role in how one approaches goals, tasks, and challenges.
[6] https://www.selfmanagementresource.com/

The ***small group***, composed of 10 to 14 people, meets once a week during six weeks with two trained facilitators, one or both of whom are peers with a chronic health condition themselves. These programs are typically held in settings such as community centers, senior centers, churches, clinics, etc. The Self-Management Resource Center website has a link "Find a Workshop" with a locator of licensed organizations offering the program in the United States. PAHO's Aging and Health unit is presently conducting a number of demonstration programs in Latin America and the Caribbean to test the feasibility and sustainability of offering 'patient self-management education and support'.[7]

The ***online version*** is called *Better Choices, Better Health* and is offered by Canary Health.[8] Like the group format, it is conducted in groups of about 25 people who have a variety of ongoing health conditions. Trained peer facilitators also facilitate online workshops. Online sessions are highly participative through internal messaging and online discussion boards, where mutual support and success builds the participants' confidence in their ability to change their routines and therefore their habits, manage their health and maintain good quality of life. The duration is also six weeks and participants are asked to log on at their convenience 2-3 times each week for a total of about 2 hours/week. There are no requirements that everyone has to log in at the same time. Both formats use the companion book *Living a Healthy Life With Chronic Conditions*, 4th Edition.[9]

Self Management Education and Support: the other side of "Transforming Medicine to Promote Healthy Lifestyles"

In the July AFSM newsletter health tips, the article Transforming Medicine to Promote Healthy Lifestyles refers to Harvard Medical School Institute of Lifestyle Medicine response to the global crisis of lifestyle-related chronic or non-communicable diseases.

The role of the physician is necessary ("they are uniquely positioned to influence their patients to adopt healthy lifestyles") but it is far from sufficient. As patients we spend less than 1% of our time in the physician's office and 99% at home, in our kitchen, and with family and friends. Changing home life routines, eating habits, and social activities requires more than a prescription from the physician. It requires that we understand the cues, routines and rewards that form our daily habits; the tools to help us identify routines that we can change, how to change them and practice new routines, and above all, have the peer support and coaching to help us problem solve barriers we encounter as we make significant changes in our habits to improve our quality of life and wellbeing. N

[7] Information of these projects will soon be available in http://mayoressaludables.org/.
[8] https://www.canaryhealth.com/
[9] The book is available in English and Spanish at amazon. In English at: (https://www.amazon.com/s/ref=nb_sb_ss_c_1_10?url=search-alias%3Daps&field-keywords=living+a+healthy+life+with+chronic+conditions+4th+edition&sprefix=Living+a+H%2Caps%2C184&crid=2HEHKQ3218KA4). In Spanish at: (https://www.amazon.com/s/ref=nb_sb_ss_c_1_12?url=search-alias%3Daps&field-keywords=tomando+control+de+su+salud&sprefix=Tomando+cont%2Caps%2C169&crid=3692SLR3UK83C&rh=i%3Aaps%2Ck%3Atomando+control+de+su+salud

Health Tips:

The Cost of Antibiotic Resistance

By Pablo Isaza

Antibiotic resistance is the ability of a microorganism to resist the effects of an antibiotic. It occurs naturally and is a consequence of evolution through natural selection. This resistance takes place through a mutation which serves those bacteria that have the mutation to survive. Then these will reproduce and pass this trait to their offspring, producing a new fully resilient generation. Unfortunately, human beings contribute to the transmission, dissemination and extension of this phenomenon.

The scene is familiar: in a country with little control over the sale of prescription drugs, a person goes to the pharmacy and asks the clerk what they have for the flu? The clerk unhesitatingly replies that Acetaminophen combined with Amoxicillin is best, and suggests that two doses of this "combo" be taken tonight and two more tomorrow. By taking an inadequate dosage that is not the one truly recommended, this person has initiated in his organism a pilgrimage toward antibiotic resistance. At a later time, if an infection requires antibiotic therapy, the germs are most likely to be resistant and this could lead to the possibility of death from sepsis.

However, this is not the only way to induce the resistance of microorganisms to antibiotics. Several studies have shown that some patterns of antibiotic use greatly affect the number of resistant organisms that develop. Misuse of antibiotics by patients and overuse of antibiotics by health professionals to treat common and benign diseases, or as "prevention" of infections, have contributed to diminished potency. It is estimated that 50% of antibiotics are unduly prescribed without being necessary. It is also well known that once the patient feels better, he abandons antibiotic therapy, thereby facilitating the survival of microorganisms, and in turn bacteria, parasites and fungi easily mutate and create immunity. Researchers fear that these immune pathogens, called "superbugs", are as dangerous as any new infectious agent and can cause a pandemic because, although they are known, they have no cure.

Since penicillin was introduced in the 1940s, antibiotics have saved countless lives. But they have been badly and indiscriminately used. Now death results from the resistance of all kinds of bacteria. In the United States, according to the Atlanta Center for Disease

Control (CDC), about 23,000 people die each year from infections caused by bacteria that are resistant to antibiotics.

In 2016, the World Bank conducted a study on the cost of Antimicrobial Resistance (AMR)[1]. While the economic costs are extremely high, especially for poor countries, because of the impact on the economically active population and the cost of new antibiotics, the impact on health and quality of life is even more worrying. For example, gonorrhea today is more difficult to treat due to AMR.

In an optimistic scenario, with a low AMR impact, world GDP would lose 1.1% growth by 2050, with an annual deficit of more than US$ 1 trillion after 2030. In the worst-case scenario, with a high impact AMR, global GDP growth would lose 3.8% per year, and the annual deficit would reach US$ 3.4 trillion after 2030.

Between 8 and 24 million people would fall into poverty by 2050. Total global exports would fall by between 1.1% and 3.8 %. By 2050, annual health costs would increase by 25% in low-income countries; 15% in middle-income countries and 6% in high-income countries.

In Ghana, Africa, samples of 1,606 bacteria showed that 80% of pathogens were resistant to classical antibiotics such as Ampicillin and Tetracycline and 50% to new antibiotics such as Cephalosporins and Quinolones. Most were immune to multiple drugs.

According to the text of the declaration of the G7 Ministers of Health, in a meeting held in Germany in October 2015, antibiotic resistance globally can cause about 700,000 deaths a year. According to the CDC (2013), every year 2 million people in the United States acquire severe infections that are resistant to one or two antibiotics used to treat these infections.

In 2015, the World Health Organization launched the Global Plan of Action against Antibiotic Resistance, an initiative aimed at combating what is considered one of the greatest threats to public health in the modern world. N

[1] http://www.worldbank.org/en/topic/health/publication/drug-resistant-infections-a-threat-to-our-economic-future

Health Tips:
Mens Sana in Corpore Sano

By Germán Perdomo

Mens sana in corpore sano is a Latin phrase that translates as "Healthy mind in a healthy body", and is part of the Satire X of the Roman poet Juvenal[1], who lived between the first and second centuries. It is often used in the fields of education and sports to support the idea that physical exercise is an essential and important component of mental and psychological well-being.

Due to the frequency with which Alzheimer's disease, senile dementia and other disorders of the mind are diagnosed in older age, we have been inundated with preventive suggestions such as doing crosswords, playing Sudoku, taking computer courses, reading a lot on a daily basis, and doing all kinds of "mental exercises" to keep us young-minded and to ward off the possibilities of Alzheimer's and dementia.

However, society tends to vacillate between extremes, and thus we have become engaged in a movement that proposes maximizing physical activity to create a true "cult of the body", to the detriment of acquiring more and better knowledge that will prepare us to more successfully face life.

There have also been proposals that suggest that we spend a lot of time on "intellectual games" or mind exercises, in order to keep from losing our intellective faculties.

But it is not a question of choosing just one side of the pendulum, but rather of observing with scientific rigor the benefits of one or another proposal.

A bigger and younger brain

As we age, the hippocampus, an area of our brain that is key to memory, shrinks, leading to memory problems and possibly dementia.

[1] "Pray for a healthy mind in a healthy body" is the original phrase in the poem.

In the last decade, scientists have begun to understand the crucial relationship between exercise and brain power. Just as exercise helps us maintain strong muscles and flexible blood vessels and reduce stress, it also improves mental abilities, slows down brain shrinkage and promotes the formation of new neurons. If you want to keep your mental clarity and increase your chances of staying away from dementia, researchers say you should go to the gym, go jogging, play a sport, etc.; that is, stay physically active.

There are studies that suggest that people who are physically active "have lower rates of Alzheimer's and other neurodegenerative conditions associated with aging," according to Arthur F. Kramer[2], Vice President of Research and Graduate Studies at Northeastern University Boston, and expert in exercise and brain.

Healthy old age

Genetics determines many things, whether we are going to grow old fast or slowly, if we are going to suffer some diseases, if we are going to react in one way or another to some substances we ingest, and many more. Most of the time, genetics establishes a probability of occurrence. However, the way we live is fundamental to the quality of life we can have and to the quality of old age that we are going to have.

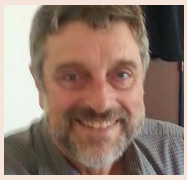
As Gloria Coe presented in the last issue of this newsletter, in the article "The secrets of longevity", in the so-called Blue Zones, the healthy longevity of the population living in these areas is associated with healthy eating, regular physical activity, close social and family relationships, restorative sleep habits, and a positive attitude toward life.

Despite many studies, it is not yet possible to say precisely how much each factor contributes to healthy longevity, i.e. what percentage corresponds to genetics, diet, exercise, family and social cohesion, and how much to a favorable attitude towards life. And maybe it's not important to know this. What is clear is that each factor by itself does not guarantee much. Only the association of all of them together, in what today is called a "healthy lifestyle", is what is most important. ℵ

[2] Arthur F. Kramer et all, “Exercise, cognition, and the aging brain”, Journal of applied Physiology, Vol. 101 No. 4, Oct. 2006. Also in: Michelle W. Voss, Carmen Vivar, Arthur F. Kramer, Henriette Van Praag, “Bridging animal and human models of exercise-induced brain plasticity”, Trends in Cognitive Sciences, Vol. 17, Issue 10, Oct. 2013

AFSM's Upcoming Elections

By Hernán Rosenberg
Coordinator of the Elections Committee



Among the various changes that AFSM is introducing to achieve the greatest possible inclusion of its members into its activities, are the changes to the voting system. These modifications have been designed so that the voting can be done electronically from anywhere in the world, with the only requirement being an accredited member.

This change was approved during the last General Assembly, which authorized the Board to prepare procedures for electronic voting. Additionally, it required that nominations be made two months before the election so that the candidates and their proposals can be made public in time. Of course, those who do not want to or cannot use the electronic system, can always participate with a written vote. In this way, it is no longer necessary either to physically attend the Assembly, or send a proxy via another member to vote. This or a similar system has been adopted by almost all sister organizations of the international system.

Last month, we all received a note from our president asking for nominations for the vacancies that will occur on the Board of Directors, by the end of 2017. We have sent several requests on this matter, but we have not received any nominations beyond that of the incumbents.

One aspect that seems important for us to share with our members is the need for candidates to reside in the vicinity of Washington, as is established in the Bylaws. While connectivity and communications have improved enormously in recent years, as the Techno-tips readers have learned in this newsletter, our experience is that systems are still too complex and unstable to ensure the type of frequent and fluid contact that is necessary. Additionally, many of the topics of interest to our members naturally have to do with PAHO, so that the possibility of talking to our counterparts in the Organization is still restricted by distance. However, we want to assure everyone that your Board is carefully analyzing the issue, and as soon as is practically feasible a proposal will be submitted to the membership to include candidates from outside the Washington area. In the meantime, we want to encourage all those interested in participating in AFSM to join local chapters in their country. Their local cooperation is as important as at the regional level.

You already have received a notice with the declarations of the candidates. Approximately 2 weeks before the election you will be sent instructions for electronic voting. We ask that you please exercise your right to vote for those who best represent you. And although the number of candidates corresponds to the number of vacancies, we would also like to take advantage of this election to validate the electronic mechanisms. We would like to thank you again for participating in it.

As always, we thank you for your cooperation and we welcome any suggestions you may wish to make to improve the functioning of our Association.

Where are they now?

David Brandling-Bennett

I began work at the Bill and Melinda Gates Foundation on 1 August 2003, the day after I retired from PAHO. My transition was abrupt both in timing and responsibilities. When Sir George Alleyne named me as Deputy Director, he made me responsible for overseeing the Offices for External Relations, Public Information, Publications, Legal Affairs, and the Pan American Health and Education Foundation (PAHEF, now the PAHO Foundation), as well as for preparing the meetings of the Governing Bodies. In other words, for 8 years I had no direct programmatic or technical responsibilities, although my PAHO colleagues did allow me to dabble in some issues related to communicable diseases and immunizations. So it was an abrupt and striking change when I immediately became responsible for making and managing grants of a highly technical nature, dealing with people who were foremost in their fields.

It took a lot of work to get up to speed on technical issues with which I had not dealt for many years. Fortunately, the people with whom I interacted inside and outside the foundation were extremely tolerant and made every effort to teach me what I needed to know. For example, in 2004, Sir Brian Greenwood, a preeminent British malariologist, took me on a two-week study tour of malaria in Tanzania. There was a mutual understanding that I needed to be at the top of my game in order to make and manage grants optimally, something that would benefit both the foundation and the grantees. Developing such relationships proved extremely rewarding, especially when a grantee would thank me for contributing to their study design and the improved execution of their projects.

When I joined the Foundation, I assumed responsibility for a number of grants that had already been made, and I supported the development of many new ones. While the Global Health Program at the Foundation was growing, it had fewer than 50 staff, and the whole Foundation had fewer than 300. (It is now 5 times larger.) At one point, I had about 55 grants, too many to manage optimally, and those grants covered a wide range of issues, including neglected tropical diseases (such on onchocerciasis and lymphatic filariasis), malaria, measles, tetanus, and other vaccine preventable diseases. As the foundation hired more staff, I was able to focus on fewer diseases, and in 2008, my boss, Dr. Regina Rabinovich, Director of Infectious Diseases, made me Deputy Director of Malaria, a position I held until 2015. (I sometimes wondered if my role was

to be a deputy permanently, but the position did mean that I was the malaria team lead and fully responsible for the Foundation's malaria strategy.) In 2015, I became the Senior Advisor for Malaria, as I planned to retire from the Foundation and wanted to make room for a new deputy. I retired from the Foundation in January 2016, after serving for 12 ½ years.

Many have wondered how the Foundation decides on its areas of work and why it does not support work on other issues, such as non-communicable diseases. It is important to understand that the Foundation is a family foundation, with Bill and Melinda Gates and Warren Buffet as Trustees. Bill Gates' thinking about global health was informed early by the World Bank's 1993 World Development Report, which highlighted that technical developments, such as immunizations, played a major role in improved life expectancy adjusted for purchasing power parity during the 20th Century. Bill and Melinda believe that all persons, particularly in developing countries, should have the opportunity to lead healthy, productive lives, and that is best accomplished by ensuring access to affordable, life-saving technologies. Inevitably choices have to be made, because even the large resources of the Foundation are not sufficient to do everything. Those choices are driven by carefully crafted strategies that are reviewed and approved by Bill and Melinda, who are closely engaged in directing the work of the Foundation. That is not to say that those strategies, and even the underlying priorities of the Foundation, may not change over time. Indeed, it seems likely that they will, as global health issues, and the Foundation itself, evolve during coming decades.

Throughout my 45 plus years in global health, I have been blessed to work with amazing people in key organizations, including over 20 years with the Centers for Disease Control and Prevention (CDC), 14 years with PAHO, and 12 years with the Bill and Melinda Gates Foundation. Those organizations have consistently attracted the best of the best, people who are also wonderful to work with. When asked, I often responded that the best thing about the foundation is its people. I think the same is true of PAHO and CDC.

I decided to retire fully in January 2016 and not to seek a new position or work as a consultant, although I continue to serve on the boards of two organization developing new tools to fight malaria. I do miss the daily interaction with great people and the frequent challenges of technical issues, but I more than make up for that by spending time with our four grandchildren, all living with their parents in the Seattle area. Seeing young minds and bodies develop is a thrill, and I hope to contribute in small ways to that growth.

Greeting to all. David

Remembering our Colleagues

Gabriel Schmunis
1939 – 2017

By George Alleyne

PAHO Director Emeritus

On several occasions, I have been invited by Dr. Perdomo to make a contribution to our newsletter and I do not know the significance of the fact that my first is in remembrance of a colleague. I do so knowing very well that so many have recorded their appreciation of his life, his work and how much they valued his friendship. Perhaps this first effort gives some idea of how deeply the death of Gabriel Schmunis affected me and how much I wished to share my appreciation of him now after having had some time for reflection. The finest accolade I can give is to say that he is my friend – my good friend and I use the present tense deliberately. His physical absence weakens only slightly the bonds of friendship developed over 38 years.

I met Gabriel in 1979 when I was Chair of the PAHO Advisory Committee on Medical Research and he was a member of the Office of Research Coordination headed then by Dr. Adolfo Perez-Miravete. I joined PAHO in 1981 as Chief of that Office and learned subsequently that Gabriel had been a candidate for the position, but one would not have guessed it from the manner in which he received me. He was generous with his time and his advice and guided me gladly through some of the intricacies of both the administration as well as the politics of the Organization. He corrected my poor Spanish with tact and often with humor.

I must recount one anecdote of those first encounters. He and his wife Anna invited me to their home for dinner and in the midst of the animated conversation I spilled a glass of red wine on their beautiful white carpet. I was mortified but they assured me with very straight faces and smiles that it was not a problem and I should forget it. Obviously, I have never forgotten it.

But more seriously, he was not just a passive supporter. He was an active collaborator and when we agreed that acute respiratory infections of children were a major problem that was not being addressed with the emphasis it deserved, he suggested that we write a book about it – which we did and I would like to think that it had a significant impact on the development of this area. Gabriel was the prime mover in the decision of the Ministers of

Health of the Southern Cone to eliminate Chagas Disease and I never ceased to be amazed at his encyclopedic knowledge of that disease. He was a scientist's scientist - rigorous in his analysis of the data and critical of statements that were not derived from the available evidence. He was highly respected and recognized in the scientific community and was the only PAHO staff member ever to have given the prestigious Fred L Soper lecture. He produced a steady stream of papers which were published in very respected scientific journals in addition to his work in the office and his valued technical cooperation to our member countries. His recent paper or his review of a recent paper would surface constantly in our discussions. I admired his capacity for objective and dispassionate assessment. So, when President Jose-Maria Figueres of Costa Rica challenged me to establish the costs of eliminating *Aedes Aegypti* from Central America, I chose Gabriel to lead the team to carry out the study. The size of the figure may have contributed to the cooling of presidential ardor.

It was a pleasure to travel with Gabriel. He seemed to know all the important scientists in the Americas but his comments were not only about science. He had a keen sense of humor. I recall standing with him on the side of a busy highway in Rio de Janeiro, when he remarked that if one was hit and killed crossing that highway, the death would be recorded as a suicide.

But above all Gabriel was a gentleman. He was courteous to a fault – never making carping criticism and always finding the positive in people or in situations. But I cannot comment on my friend adequately without mentioning his wife - Anna. She is as much a lady as was Gabriel a gentleman with a scientific pedigree as illustrious as his. My wife Sylvan has a regard for Anna as high as the one I have for Gabriel and we remember with pleasure the many delightful hours our families spent together. I only hope that in the decades to come when some young investigator with the all-knowing attitude of youth seeks to discover some new truth about antimicrobial resistance, Chagas disease, malaria, the situation of the laboratories in the Americas or some other topic in infectious disease, he or she will come across the writings of Gabriel Schmunis and marvel at their clarity as well as the quantity of the work he put out, from an institution that is not a university which has research as one of its basic functions. I hope they will give him or her some idea of the distinction with which this Argentinian scientist served the people of the Americas.

I love you Gabriel, although I could never understand why you added soda water to a good Malbec. N

In Memoriam

DEATHS REPORTED IN 2017
NOT PREVIOUSLY REPORTED

Federico Guillermo Palma Recina	**9 July 2017**
Clovis Tigre	**23 August 2017**
Luis Larrea Alba	**29 August 2017**
Carlos Vidal Layseca	**24 September 2017**

Things to Remember

Your opinion is important

The AFSM Board and committee coordinators would like to know about the needs 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 an email to:

perdomog@gmail.com

or **collado@verizon.net**

You can also write to:

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

Contact Information

Please refer to your 2016 AFSM Directory and be certain that all your personal contact information is correct. We also encourage you to provide us with updates of your address, email and 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 to Hortensia Saginor (AFSM) by routine mail to PAHO Headquarters in Washington DC or, preferably, by email to **isaginor@aol.com** or **hortensiasagi@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/**

The Back Page

Board of Directors

Officers

Germán Perdomo ('18)
President
(703) 310-7013
perdomog@gmail.com

Carol Collado ('17)
Vice President
(301) 384-1212
collado@verizon.net

Gloria Morales ('18)
Secretary
(301) 649-5179
glorianic@gmail.com

Hortensia R. Saginor ('17)
Membership Officer
(301) 654-7482
isaginor@aol.com
hortensiasagi@gmail.com

Sylvia Schultz ('19)
Treasurer
(703) 273-7252
myfoothome@hotmail.com

Members-at-large

Marilyn Rice ('18)
(703) 426-8772
ricemarilyn2011@gmail.com

José Ramiro Cruz ('17)
(703) 729-0875
jcruz62004@aol.com

Hernán Rosenberg ('19)
(301) 983-5432
hernanrosenberg2@gmail.com

Enrique Fefer ('19)
(301) 340-6799
enriquefefer2@gmail.com

Honorary Members

Jaime Ayalde
President Emeritus
(301) 983-0569
jayalde@aol.com

Nancy Berinstein
President Emetirus
(301) 229-3162
nancy.berinstein@gmail.com

Note: The term of each member of the BOD expires in December of the year in parenthesis

Committees

Communications Committee
Coordinator – Antonio Hernández
Members –
Janet Khoddami, Hernán Rosenberg Gloria Morales, Germán Perdomo,

Outreach Committee
Coordinator – Germán Perdomo
Members –
Brazil: César Vieira
Chile: Alfredo Ballevona
USA: Amalia Castro, Carol Collado, Hernán Rosenberg

External Relations Committee
Coordinator – Hernán Rosenberg
Members –
Carol Collado, Enrique Fefer

Elections Committee
Coordinator: Hernán Rosenberg
Members – Enrique Fefer, Antonio Hernández, Sylvia Schultz

Publications Committee
Coordinator and Editor-in-Chief – Marilyn Rice
Members – Carol Collado, Jaime Ayalde, Enrique Fefer, Gloria Morales, Germán Perdomo, Hortensia Saginor, Hernán Rosenberg, Antonio Hernández, Gloria Coe, Patricia Ilijic

Health Insurance and Pension Committee
Coordinator – Carol Collado
Members –
Gloria Morales, Nancy Berinstein, Jerry Hanson, Haydée Olcese, Alfredo Ballevona, Horacio Toro

***Membership Officer* – Hortensia R. Saginor**

***Auditor* – Fredy Burgos**

Presidents of AFSM Country Chapters

Bolivia Chapter
Horacio Toro Ocampo, *htoroocampo@yahoo.com*

Brazil Chapter
César Vieira, *cesarvieira@globo.com*

Chile Chapter
Alfredo Ballevona, *aballevona@gmail.com*

Colombia Chapter
Carlos Hernán Daza, *cardazah@hotmail.com*