NEWSLETTER

THE ASSOCIATION OF FORMER PAHO/WHO STAFF MEMBERS

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Meeting of the AFSM World Council

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Editorial

More global than ever!

By Hernán Rosenberg

As we had anticipated, we met all the AFSMs of the world on 8 September (by zoom, of course), continuing the conversations with our peers. All regions participated except EURO, which will join at a later time. And, of course, AFSM Geneva, which is comprised of colleagues based in central Europe, mainly Geneva. It is the largest AFSM and has the best access to the Director-General and the WHO administration. However, EURO has its own organization based in Copenhagen that gathers the former staff of that regional office. Both the regional associations and the Geneva one operate independently.

Following this logic, the most important achievement of the meeting was the creation of the AFSM World Council. This will be a non-operational consultative group, dedicated to the exchange of ideas and experiences. The implementation of the recommendations will remain in the hands of each AFSM, so it is not necessary to create a special secretariat. Coordination will rotate for six-month periods among the different AFSMs.

The meeting was very well evaluated by the participants, with thanks to our organization for having prepared it. We pass the baton to EMRO for the next meeting, that will take place in about six months.

The main theme was the creation of the Council and the definition of its characteristics. But several additional topics were covered.

An immediate concern is the publication of job offers by WHO to cover its temporary needs. WHO routinely sends invitations to apply for positions in Geneva, or for those that do not require a physical presence at Headquarters. The Council will explore ways to include calls for vacancies at regional headquarters or country offices so that all of our members can contribute to filling those positions.

But the greatest concern is the need for the offices of the "mother" institutions (PAHO in our case) to recognize that - regardless of accepting us as "family members" - they

have regulatory responsibilities for their former staff, and that this this has a resource implication.

The clearest case has to do with SHI, where the institutions have the responsibility of managing our health insurance. However, the human resource endowment for this unit is barely sufficient to meet the demands of the institution's active workers, with the consequences that we all know of slow or inefficient handling of inquiries or requests for reimbursement from our members.

But at the country level it is even more important to establish the link between the country office and former staff. We recognize that many of the PWRs and HR staff have graciously assumed that role, for which we are grateful. But the point is that the care of our members should not depend on the goodwill of a PWR or one staff member, rather it should be part of their job descriptions. There was consensus that this issue holds a high priority worldwide.

AFSM Geneva has been in contact with the Director General's Office, which has shown great interest in relations with the AFSMs. We will continue working on this issue both from Geneva and with the respective Regional Directors.

We believe that the creation of the world council will be very positive for our organization. We will have better access to headquarters deliberations, we will be able to learn from the experiences of our peers, and importantly we will gain support for our nascent peers in some regions. We will keep you informed of the progress of this initiative, and, as always, comments and suggestions are welcome.

Welcome to New AFSM Members

Norma Lárraga, from the Washington DC area, in USA
Magdalena Craft, from the Washington DC area, in USA
María Isabel Boyer, from the Washington DC area, in USA
Ana Margarita Argueta de Morales, from El Salvador
Liduvina Aurora Morel, from Dominican Republic
Samuel Rawlins, from Saint Kitts and Nevis

Letters to the Editor

"The importance of testimonials"

Sent by Olga Lucía Restrepo, Pediatrician and PhD in Social Sciences, daughter of Helena Restrepo, our lovely member of AFSM

Thank you for sharing such a beautiful and wise newsletter. These testimonials are of great importance for us to continue learning from those who have known how to guide our lives so masterfully. Hugs and congratulations for the great work you do to dignify and ensure the recognition and memory of those who have served the world with such commitment and ethics.

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"The value of personal stories"

Sent by Jean Paul Menu, President of AFSM Geneva

Impressive newsletter, particularly the many personal accounts of members and advice on how to age gracefully.

Kindly

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"I still prefer a hard copy"

Sent by Sumedha M. Khanna, Aging Well/ Saraswati Foundation

Great. It is a really good Newsletter, full of wonderful contributions. I read it from cover to cover. Had to print out some sections to read again. I must admit I still prefer a hard copy that I can take anywhere and read anywhere.

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"We need to share information"

Sent by M.R. Kanaga Rajan, President, Association of Former Staff Members, WHO/SEAR, Email: rajanmrk@gmail.com

I had the opportunity of looking at the AFSM/PAHO website. It is well formulated, comprehensive, and packs in as much good and relevant information as possible.

I take this opportunity to congratulate you Gloria, Hernan, and the AFSM/PAHO team for putting up such a friendly and useful website. We wish we all had similar webpages!

To start with, it is good to note that we all agreed to share information about our AFSMs on the PAHO website. I am sure a similar cogency and collation of information as well as sharing of website links is being envisaged for the AFSM/HQ website. In the meanwhile, it will be my pleasure to refer to the PAHO/AFSM website from time to time for useful information as we go along.

I would also like to take the opportunity of congratulating the PAHO/AFSM team for posting their newsletters. When I read the latest newsletter published on your website, I could see its wide coverage of topics of relevance, as well as sharing information. What was more striking and appealing is the amount and enthusiasm of contribution of articles by the retiree colleagues. I read the articles by Dr Stanislaw Orzezsyna (who worked as PMO/SEARO in the 80s) and Dr Mona Khanna (who was WR in Indonesia), whom we had known during their days in SEARO. It is wonderful.

Thank you and best regards to all.

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Health Insurance and Pension Update

By Carol Collado

Health Insurance

As we come to the end of one season and the beginning of another, this presents an opportunity to step back and take stock. Are all of our vaccinations on target? Flu? Pneumonia? Shingles? When was the last time you had a tetanus booster? This is just one step. Are we prepared for the seasonal ills that may affect us, where we live? Allergies? Seasonal depression for those going into dark days? Each person's health is that person's responsibility. Just a reminder: it's better to be safe than sorry.

As it has been for the past several issues or our newsletter, the main health focus for most of us is the COVID-19 crisis. However, before I start on that, I want to share with you some good news about ageing that I came across the other day. In a study done on 900 people by the US National Institutes of Health with the University of Lisbon in Portugal, on people with ages ranging between 58 and 98, testing showed that the results on older participants were better than those on the younger subjects for two out of three key brain functions. They showed increased efficiency in their ability to orient attention toward different objects and they were better at ignoring distractions than younger participants. Those two abilities help us with several key parts of cognition, including: memory, decision-making, self-control, navigation, math, language, and reading. The study also demonstrated that with practice, these functions can be maintained at a high level. The moral: keep that brain active, with crosswords, reading, social interchanges, etc. It's in your hands.

Now on to COVID.

First, again, the good news. We are daily discovering additional information regarding the virus, its characteristics, patterns, and behavior, as well as about how to deal with them. Globally there are a multitude of scientists working diligently so that we can have the information needed to at least be able to manage and restrain the consequences of this disease. We do know much more today than 18 months ago, and it shows in the progress being made. However, as most of you are aware, there are many countries with critically low vaccination rates and the importance of this for global health is serious. Vaccine makers are trying to increase production, but distribution, management, and unfortunately corruption have made achieving a level which permits global herd immunity is still a long way off. Just at the time that many governments are, for both economic and political reasons, lessening the restrictions imposed on social distancing and gathering, the Delta variant is causing serious outbreaks in many countries due to its virulence and pockets of unvaccinated. It has reminded us that we are far from gaining the upper hand, being responsible for the majority of spikes in cases, hospitalization, and deaths. In addition, we now have another variant of concern (VOC) being

closely watched, especially in the Region of the Americas. It has been called Mu, was originally identified in Columbia in January, and it has been traced to 39 countries so far. Although it is probably a bit too soon to make definitive declarations, there are a number of scientists who are beginning to believe that we may have some form of COVID with us permanently, with annual vaccinations such as we have with the flu, pneumonia, etc.

For the present, the best advice to protect ourselves and our families is

1. **Get vaccinated**. We urge those who have not yet been able to find sources to consult with the PAHO PWR Office and/or the UNDP Office in the country to facilitate access
2. **Use masks indoors** and when in contact with others not in your immediate living situation.

They have been scientifically proven to cut down the risk of contracting COVID.

You probably are receiving a plethora of information daily on COVID, so we will stop here, encouraging you to verify your sources since there is a constant flow of misinformation out there. As we have mentioned before, WHO has several websites with daily updated information.

A couple of reminders for the USA population:

Our insurance since January is managed by Cigna International which, although it is the same company, it is slightly different from Cigna USA. This sometimes leads to confusion when providers try to verify insurances, unless they use the provider number on the back of **your** card. This has also caused some participants to have problems in signing into their own portal on Cigna networks. For example, if you just type in Cigna and it asks for your name and password, you will not be found. You must type in https://www.cignahealthbenefits.com/en/ to be able to reach the Cigna International.

Another question that has come up in the US is that of Medicare. Many of you have reported getting offers for different Medicare plans. Our WHO Staff Health Insurance reimbursement is tied only to Medicare Original. You will not get reimbursement from PAHO for the premium for any of the other plans or offers you may receive.

Pension

At the end of July, the Pension Board met and approved the excellent financial health and operational performance of the UN Joint Staff Pension Fund. Recently they reached 90% of initial pensions processed within 15 days of receiving the required information, and the rate of return on investments was above the target. The Board also adopted a series of proposals on attendance of Board members, frequency of meetings, and efficiency measures aimed at improving the effectiveness of its oversight and decision-making processes. Changes to the regulations were adopted to establish an ethics policy that complements its code of conduct. They approved the Fund's 2022 administrative budget, its 2020 financial statements, and

assumptions for the next actuarial valuation in December 2021. With a busy agenda, they also made other changes, all of which are available at https://www.unjspf.org/the-69th-session-of-the-un-pension-board-concludes-confirming-excellent-performance-of-the-un-pension-fund/

The hard copy mail distribution of the Certificates of Entitlement (CE) for 2021 began at the end of June. As reported in the last Newsletter, this year there are three forms for returning the CEs to the UN office: a) the traditional hard copy signed and returned by mail; b) using the portal Member Self Service (MSS) downloading it, signing it, scanning the signed document, and then uploading it into the MSS portal; and the digital CE option. This last is a new service offered requiring an enrollment, and a virtual interview using internet and your smart phone. Any one of these is valid. For those of you using the digital CE option, if you did not complete the enrollment process by 22 June, the Fund will have sent you the hard copy by mail. You may choose to return that or to use the digital form, assuring that one reaches the UNJSPF by 31 December.

Each year many participants do not have their CE registered and the Fund usually counts on associations such as AFSM to help in identifying and reminding those persons. We have shared stories about this search with you in the past, but we urge you to make sure that your information is up to date with the Fund. If you have moved, changed emails, relocated due to illness or even COVID, please make sure that you go to the UNJSPF website https://www.unjspf.org/forms/ and download the change of address form and send it. Consequences of not having the correct information are that the Fund assumes that you no longer exist. As a result, it suspends the pension payment and even in normal times when the staff is working from the offices, this can mean from 3-6 months without the pension income, a hardship many cannot afford.

One thing that has come up several times in the past year is that families do not know what to do when the person holding the pension dies. Please make sure your families or beneficiaries know that they can go to the UNJSPF website and find the red tab stating Urgent Assistance. This tab has two areas of concern: a) non-receipt by a UNJSPF Retiree or Beneficiary of their regular monthly benefit payment from the Fund; and b) death of a retiree or beneficiary – how to notify the Fund. The Fund gives priority to messages from this site, and it will tell your survivors exactly what is needed and how to obtain assistance.
https://www.unjspf.org/emergency/

Also, in July, the Fund published a new brochure which provides an overview of the Fund's structure, organization, operations, key figures, pension administration, and investments. It has been developed to help us to better understand the Fund and how it works to provide services to you. It makes easy reading, and we encourage you to peruse it.
https://www.unjspf.org/wp-content/uploads/2021/08/Brochure-Seminar-2021-july-updated7.pdf

Stay safe, stay healthy! ℵ

Health Tips: Strong Muscles, Healthy Ageing

By Martha Peláez

There is nothing more beautiful than a strong powerful muscle, regardless of age. Loving our muscles and exercising them is incredibly important for our wellbeing. The great news is muscles are extremely grateful, no matter how much we have ignored them through years of sedentary life; it is never too late to make them healthy again.

Muscles are the most abundant tissue in the average human body, accounting for 30 percent to 40 percent of its total mass. Muscles are not only critical for locomotion and breathing, but also for glucose, lipid, and amino-acid optimal functioning, also known as homeostasis. Loss of muscle mass can make doing our daily activities, such as climbing stairs or even getting up from a chair, difficult. Loss of muscle mass can lead to a vicious cycle that eventually leads to an increased risk of falls, a loss of independence, and even death.

Although the causes of muscle loss are numerous and complex, there is overwhelming evidence to suggest that exercise may prevent or reverse many of these age and behavioral related changes. A strength training routine combined with good nutrition, including a good amount of protein (muscle food), can rejuvenate our muscles.

To love or not to love our muscles: that is the critical ageing question

At around 20-30 years of age, we have acquired all the physiological development that we will attain. From that point on, the ageing process begins, and it will continue for many decades until we die. During the continuum of ageing, we have a choice:

> a) Ignore our muscular health: age as a sedentary person and experience decline in muscle function and cardiopulmonary fitness with increasing limitations to perform daily activities and maintain independence; or
>
> b) age with physical activity and exercise, adapting our activities and environment so we maintain strength and aerobic capacity as much as possible while we reduce the loss of capacity and increase our ability to enjoy the things we like to do until the end.

The key message of this article is simple: living a healthy life as we age depends on how strong our muscles are. Exercise, at any age, can reverse muscle loss and weakness. It is never too late, the time to start or increase our level of activity is now.

In July 2021, the Journal of Nutrition, Health and Aging published the International ***Exercise Recommendations in Older Adults (ICFSR): Expert Consensus Guidelines.***[1] The authors of the Guidelines wrote:

"The main factors that influence health and longevity include genetics, environment, and behavior, all of which can modify the expression of the other".

And the one modifiable behavior that we can change at any point in our life course with significant gains is physical activity and exercise. The Guidelines cite robust scientific evidence of the benefits of physical activity and exercise in the prevention and treatment of many chronic diseases such as sarcopenia, diabetes, cardiovascular disease, hypertension, cancer, osteoporosis, osteoarthritis, depression, dementia, or Parkinson's disease, among many others.[2]

The terms 'physical activity' and 'exercise' are used in the Consensus Guidelines as follows: "Physical activity (PA) is any bodily movement produced by skeletal muscles that significantly increases energy expenditure". In other words, any time you move you are physically active. "Exercise is a subcategory of PA that is planned, structured, and repetitive, in which bodily movements are performed." Thus, exercise implies intentional targeted activity.

The WHO´s "**Global Recommendations on Physical Activity for Health**" state that adults 65 and older should engage in 150 minutes of moderate-, or 75 minutes of vigorous-intensity aerobic activity, and two or more days of muscle-strengthening activity (i.e., strength/resistance training) per week[3]. However, nowhere does it say that you have to do it all in one day, or at one time…. So, you could choose to do two minutes of moderate exercise each hour that you are awake, five days a week. This equals the recommended doses of 150 minutes a week. The important thing is to get started, make a plan that is doable, monitor your success, and when necessary, put your problem-solving skills to work. Make it fun, make it doable, make it a success one step at a time.

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[1] International Exercise Recommendations in Older Adults (ICFSR): Expert Consensus Guidelines, J. Nutrition, Health and Aging.2021. Open access: https://link.springer.com/article/10.1007/s12603-021-1665-8

[2] Pedersen, B.K. and B. Saltin, Exercise as medicine - evidence for prescribing exercise as therapy in 26 different chronic diseases. Scand J Med Sci Sports, 2015. 25 Suppl 3: p. 1-72.

[3] https://www.who.int/news-room/fact-sheets/detail/physical-activity

A table with recommendations for exercise for specific geriatric syndromes published in the ***International Exercise Recommendations in Older Adults (****ICFSR)*[4]

Exercise and geriatric syndromes		
Geriatric syndromes	**Consideration for the problem**	**Recommended exercise modality**
Frailty and Sarcopenia	• Resistance and power training: 2 to 3 sessions per week, combining slower and faster (power training) muscle actions • Functional exercises e.g. standing from a chair with progressive increases in loading/speed • Balance and gait exercises progressing in complexity: line walking, tandem foot standing, standing on one leg, heel-toe walking.	• Resistance training • Power training • Balance exercises • Gait retraining • Multicomponent exercise
Falls/Mobility Impairments	• Resistance training aimed to improve muscle strength and power • Balance and gait exercises progressing in complexity: line walking, tandem foot standing, standing on one leg, heel-toe walking • Dual task exercises including dual task gait and resistance exercises (serial numbers, naming animals, etc). • Adapted Tai Chi exercises progressing in complexity • Dance interventions may improve adherence.	• Resistance training • Balance exercises • Gait retraining/dual task training • Multicomponent exercise • Dance interventions • Tai Chi exercises
Cognitive Impairment	• High-intensity resistance training combined with power training aimed to improve cognitive and functional abilities • Walking may reduce the risk of dementia • Dual task exercises may be beneficial to cognitive function • Use of mirror techniques rather than complex oral instructions. • Considerations of emotional aspects such as reassurance, respect, and empathy	• Walking • Aerobic training • Resistance training • Dual-task training

[4] M. Izquierdo et al (2021) International Exercise Recommendations in Older Adults (ICFSR): Expert Consensus Guidelines. J Nutr Health Aging. Published online. https://link.springer.com/article/10.1007/s12603-021-1665-8

In response to Frequently Asked Questions about exercise we have prepared four scenarios with resources to help us get started and keep moving.

Scenario 1: During the pandemic I have neglected many of the hobbies that helped me stay active. How should I begin a strengthening exercise program after a year or more of being sedentary?

Many studies have shown that the best way for most of us to make lasting changes is one step at a time, experimenting until we find what works for us. So, consider if this is something you really want to do, create a plan with specific steps: what are you going to do; when; where; how much and for how long? How confident are you that you can do it? If on a scale of 0 to 10 your level of confidence is 7 or more, this means you are ready to move forward. If not, ask yourself: what are my barriers? How can I remove these barriers?

Start with moderate-intensity activities. Review videos or surf the internet for programs that you would like to try. Good places to start are the following:

https://www.nia.nih.gov/health/exercise-physical-activity

https://www.youtube.com/playlist?list=PLmk21KJuZUM4HTrJ7hrJ8yxhToKkJT8a8

Scenario 2: I don't exercise because I am afraid of falling. Is it safe for me to exercise?

For those of us who are afraid of falling, NOT exercising is more dangerous than exercising. Researchers have found that exercises to improve strength and balance are the best way to reduce your risk of falling. There are many programs that are specifically designed to help individuals avoid falls. Talk with a physical therapist if you have body pain or a history of falls. Physical Therapists can help you create an exercise program that works for you. Also, you may want to start by reviewing these resources: https://www.youtube.com/watch?v=Kw6jLQIGAdI&t=226s

Scenario 3: I live with chronic pain; there is no way I can exercise and deal with pain. Is there anything I can do to maintain my strength?

Regular exercise is crucial to the management of all types of chronic pain. Exercise maintains joint mobility and strengthens ligaments and tendons around the joint. However, exercise should not be painful. The Arthritis Foundation created "Walk with Ease: Your guide to walking for better health, improved fitness and less pain." Walking is free, requires no equipment, and can be done anywhere, but planning a walking

program is not easy when you are in pain. Read Walk with Ease and learn how to implement a 5-step basic walking plan to help you improve your strength with less pain.

https://www.arthritis.org/health-wellness/healthy-living/physical-activity/walking/walk-with-ease/wwe-exercises

Tai Chi for Arthritis is another resource developed by a Dr. Paul Lam from Australia in collaboration with the Arthritis Foundation:
https://www.youtube.com/watch?v=tAOuEpa01j4

Scenario 4: I know I need to exercise; my problem is one of motivation rather than knowledge. How should I keep myself motivated with an exercise program once I start? - especially on days when I feel tired, sad, or out of sorts?

According to social scientists[5], people motivate themselves and guide their actions in anticipation of likely outcomes of prospective actions, they set goals for themselves, and they plan a course of action designed to achieve something they value. A sure way of overcoming procrastination is to make a weekly plan with specific time dedicated to doing something that you want to do in order to ***be good to my muscles.*** This helps you to achieve something that you value and want, such as being able to do things that you enjoy and being independent.

When your plan allows for those days when you are not well, or are too tired, you will not feel like a failure; you will learn to accept what is real even if it is not the ideal!

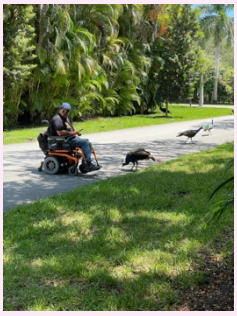
Wishing you every success as you create your exercise plan for this week, be good to yourself, and welcome some good news: It is never too late. Share your exercise plan with AFSM Healthy Aging Committee and tell us when we can help with new resources. (afsmpaho@gmail.com) ℵ

[5] Bandura, A., & Schunk, D. H. (1981). Cultivating competence, self-efficacy, and intrinsic interest through proximal self-motivation. *Journal of Personality and Social Psychology, 41*(3), 586–598. https://doi.org/10.1037/0022-3514.41.3.586

How I Prepared for and Am Now Doing Since Retirement in 2013

By María Teresa Cerqueira

Preparing for retirement came slowly, but especially after the PhD when I started working at PAHO/WHO, when the Human Resources Department explained all benefits as staff members and upon retirement. Purchasing a house was one way that I began to plan for retirement. In our Fairfax home I improved the trees and shrubs in the yard, Daniel and Enrique enjoyed working in the garden. I worked on writing the dissertation research results and continued to paint in my spare time. Enrique and I also enjoyed walking around the neighborhood with his dog Morgan. Later on, while working as the Chief of the PAHO/WHO US-Mexico Border Office I got even more interested in gardening. Our home in El Paso had very little landscape plants. I planted many fruit trees (apricot, peach, pear, apple, plums and grapes), mostly to provide shade near the water canal in the back of the property. In the front I planted many desert shrubs. Around the yard we made a sidewalk for Enrique to ride around in his wheelchair, and in the middle a fountain with Koi that he enjoyed feeding. When we moved to Miami, I took the Master Gardener course, and later, with Enrique, we took several horticulture classes at the Miami Dade College. Taking these classes and serving as a volunteer Master Gardener have both provided great opportunities to stay connected with friends and colleagues.



Enrique and I enjoy the garden and walking around our Pinecrest neighborhood and meeting other neighbors, and I really enjoy watching Enrique feed the Peacocks!

In my retirement, I keep active by gardening, swimming, and walking. Enrique asks me to walk with him to feed the Peacocks but he rides on the wheelchair and I do the walking! Living close to family and making new gardening friends has been important for me to stay engaged with my family and in the community.

Last year, when the schools closed due to COVID-19, Daniel, Raine, and the children, Guillermo 9, Alessandra 7, and Bianca 5, moved to Pinecrest and now we all live in the Pinecrest home. It has been a privilege to play with my grandchildren. We swim almost every day. We play table games like Rummikub and Memorym, both very popular with Bianca. We also share stories with my sons Daniel and Enrique, and daughter-in-law Raine. Once a week we have movie night. The children usually pick the movie. We take turns preparing meals. Daniel does a lot of grilling on the weekends when we usually have friends over. During the week, Raine and I take turns preparing dishes for the evening meal. It is a lot of fun since both Enrique and I are vegetarians and the others are not! At the end of August, the children went back to school in-person and there is a crazy politized discussion about wearing masks. It is a very scary situation for parents, children, and teachers. We are all fully vaccinated, except the children since they are too young and not yet eligible. N

¿Where are they now?

By Patricio Yépez

Year 2021: I now reside in my country, Ecuador, together with my wife Norka. I have the personal satisfaction that my sons and daughters were professionally trained in different fields such as international studies, industrial relations, education, finance, medicine, communication, and visual arts. I also enjoy having three grandsons, José Tomás, Juan Martín, and Andrés; and three granddaughters, Juliana, Sofía, and Ariana; four of whom are Ecuadorians, one is a Peruvian and one a Bolivian.

After 26 years of working with PAHO, with the last mission serving as Representative in Cuba, I returned to Ecuador in August 2004. Upon my return, I was pleased to contribute to various institutional opportunities. Among them I highlight the connection I created as an international relations advisor at the University of Cuenca, as policy and human resources coordinator of the Ministry of Public Health's MODERSA Project, and as Executive Director of Science and Technology for FUNDACYT/SENACY, a task carried out between 2005 and 2006.

During the time I worked for PAHO/WHO in the Dominican Republic, Venezuela, Panama, and Cuba, I had the opportunity to cooperate with the Union of Universities of Latin America and the Caribbean (UDUAL), both with the General Secretariat and with their Associations of Sciences of Health (nursing, medicine, and dentistry). I mention this in particular to share a fact of personal significance. The XV Assembly of Rectors of UDUAL, held in Havana, in November 2004, decided to grant me the distinction of Permanent Consultant, constituting an important stimulus for me to continue contributing to higher education in our region.

In 2006, I joined the Andean Health Agency/Hipólito Unanue Agreement as Deputy Executive Secretary. There I had four years of an important experience working for the health and integration process for the Andean countries.

The Union of South American Nations (UNASUR) provided another opportunity for UDUAL to work collaboratively in the development of various activities of common interest. Additionally, the South American Institute of Government in Health (ISAGS), based in Rio de Janeiro, invited me in 2013 to be an external consultant, to cooperate in the health systems area, and to initiate their program of work both at the Rio de Janeiro headquarters and in several of the member countries. I was able to maintain this connection until 2015.

As I write these paragraphs, I have already completed 16 years with an Ad Honorem relationship with UDUAL. This fills me with satisfaction. I must emphasize that the scientific and technical support provided to me by PAHO was significant in helping in this collaboration between UDUAL and its universities.

Since 2015, I have been responsible at UDUAL for the initiative of strategically joining together the universities to integrate their work with international and technical cooperation organizations. This has made it possible to promote participation in the world forum process, as well as to promote links with UNDP, FAO, PAHO, CAF, SEGIB, the Andean Community, the Andean Health Agency, and COMISCA, among other entities. We are currently working at UDUAL on the prospectus 2030 for Latin America and the Caribbean, based on the principles of university autonomy and higher education as a public good, a social right, and a responsibility of the States.

During the period from 2014 to 2019, I was invited to work with the Central University of Ecuador on the Coordination of International Relations, cooperating in its strengthening and development and in different international initiatives. Among the most important ones were UDUAL's Executive Council in 2014; the 1st Latin American and Caribbean Forum on Local Economic Development in 2015; the International Seminar on Health and Social Development in 2016; UDUAL's Andean Region Assembly in 2017; the meeting of the Network for Research and Innovation in Health and Environment in 2018; and the International Forum on the University's Commitment to the 2030 Sustainable Development Goals in 2019.

Among my hobbies I have kept my interest in reading and music, especially tango, waltzes, and pasillos (a Latin-American dance for two in triple time). In the BAR SUR in Buenos Aires, some of my songs were heard. Soccer has also been important, first, when I was young, as player and then as a permanent fan of Liga de Quito, Boca Junior, and Barcelona in Spain.

I should note with satisfaction that I have received two Honorary Doctorates, one in 2012 from the University of Zulia, Venezuela, and the other in 2016 from the National Autonomous University of Nicaragua-Managua. *N*

In Memoriam

DEATHS INFORMED IN 2021
NOT PREVIOUSLY REPORTED

Roberto Goic	**4 April 2021**
Francisco Zepeda	**16 July 2021**
Elsa Moreno	**20 July 2021**
James A. Milam	**20 July 2021**
Jorge Litvak	**13 August 2021**

Condolences to Pedro Luis Castellanos for his wife, Luz Inmaculada Madera.

Musings of An Ageing Woman
(Part 2 of continuous musings)

By Yvette Holder

In my previous piece (see June 20212 AFSM newsletter), I mused about my current state. But I did not arrive there overnight. In hindsight, this was a very gradual process over time, so gradual that I did not realize what the journey would entail until I arrived at the destination – not being so young again! Every aspect described earlier, carries a backstory. I'll start with the hair.

As I said earlier, there was a lot of it – just past shoulder length, jet black, very thick and very curly. The weekly washing was the low point of my weekend from childhood through to adolescence. I loved the feel of the water in my hair but the entangling of the multitude of knots was two hours of sheer torture every week. I could not manage my hair and my mother combed it every day for school and she did the weekly washing, drying, combing out, and styling until I was 14 years old. I thought that the torture was all mine. Little did I realize that it was as painful an ordeal for her as it was for me. At 14, I was tall and big for my age (and therein lies another story for another time). I was 5' 9" tall and weighed 145 pounds while my mother was a slight 5' 4" (in heels) and weighed just about 100 pounds. I would sit and squirm between her legs as she tried to make me look presentable with three thick plaits, one to the right of my forehead and two at the back. On special occasions, I would be treated to a headful of twisted curls, a creation that took longer to style than the three plaits and even longer to undo. But they were gorgeous and well worth the pain.

At 14 however, I had outgrown the three plaits and the twisted curls, but what could my poor mother do with this head of hair? Time to enlist the help of the experts, a hairdresser. But there was an obstacle – my father. You see, sometime earlier, a hairdresser had trimmed the ends of my mother's hair and my father's reaction could not have been any more different had my mother been shorn bald. From that time onwards, he had a deep and fearful distrust of hairdressers and while he could not stop his wife, no hairdresser was going to touch the head of his only child. In desperation one day, my mother gave me the comb, the hairbrush, and the hairfood ("grease" in local terms), with the instruction to go to my father and let **him** comb my hair. One hour later, I was holding a ten-dollar bill and on my way to keeping my first hairdressing appointment, accompanied by my mother. The appointment was to have my hair pressed, that is straightened with an iron comb that was heated. I was a big girl. I had arrived! The pain of the occasional accidental burn was but a small price to pay, compared to the hours-long weekly wash ordeal and daily combing that I knew and hated. I was happy. My Mummy was very happy. The only problem with pressing was that it was a physical transformation of

the hair so that once wet, the hair slowly returned to its natural condition. Since I walked to and from school twice a day, for we schoolchildren went home for lunch, the straightened hair lasted less than two weeks. But two to three days of discomfort was a vast improvement on daily torture.

With the pressed hair, I was now able to comb my own hair most days, although the setting of curlers was, and always has been, challenging. From pressing, I progressed to chemical straightening which could withstand water and sweat and last about six weeks. Then I got tired of having to set hair in curlers every night, and I adopted the new natural rage, the Afro. Oddly enough, detangling knots did not seem an issue during this period of ethnic re-awakening. But I did tire of that after some years and changed the style to the happy medium of the Jheri Curl, not as curly as the Afro but not so straight that it had to be set in curlers, a chore I detested. I convinced my hairdresser to do a set and dry, contrary to the Jheri Curl manufacturers' instruction, and the result was perfection – something that resembled a perm and would last as long as three months.

It must have been more than a decade before I thought that I needed a change. Jheri Curls were no longer fashionable and so I resumed chemical straightening. But that meant a hairdresser's weekly appointment for a wash and set. Then I shaved all my hair off (all my black friends were horrified, and all my white friends thought that it looked gorgeous). After that came the Mohawk which I loved as it was the easiest to manage and maintain after the bald head. But as age crept upon me, I thought that I needed a less avant-garde and more dignified look, so I went back to the natural look but cut lower than my youthful Afro, a style which I thought that I could manage. Yet combs broke in my hair with unfailing regularity. Finally, one day, I prayed in front of the mirror, "Dear Lord, can I please have back the softer, more yielding hair of my early childhood?" And He answered my prayer. I noticed that the comb would go through the hair more and more easily. I had a nice gray fringe to the front which reminded me of Indira Gandhi. The gray fringe did move back from my forehead a bit, but I still looked elegant, I thought. And then one day, as I was standing in a mirrored elevator, I saw my entire head and realized why the comb went through so easily. My hair was thinning. Instead of a skull completely covered by hair follicles, the latter were now spaced out, regularly but still spaced. And then I remembered! My mother would tell me that as a baby, I had no hair and she would put a bow on me, held discreetly by Scotch tape (this was before baby headbands were available). What could I say, but "Thank you"? I asked and I did receive.

I now wear a no-hair style. It is low maintenance. No hairdressers, no expensive hair lotions and treatments. I shower, towel dry, and I'm good to go. Life is still good, even without hair.

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Shaping Our Story on Our Terms

By Gloria A. Coe

Atul Gawande's book **Being Mortal: Medicine and What Matters in the End**[1]**,** suggests that among life's most important roles, "for both the dying and those left behind" is to help people "end their stories on their own terms."

This book was #1 on the New York Times Bestseller list, and it was selected as a '*Best Book of the Year*' by the Washington Post, The Wall Street Journal, The Economist, and 25 other publications. The Boston Globe calls it "Masterful", Chicago Tribune – "Essential", Malcolm Gladwell "Gawande's most powerful – and moving – book", Time says "This should be mandatory reading for every American".[2]

In many ways, it is Atul Gawande's story; a young physician, surgeon, taught by the best on what he must do so his patient lives. He learns much more across his years of practice, however, about how to help "people negotiate the overwhelming anxiety – anxiety about death, anxiety about suffering, anxiety about loved ones, anxiety about finances." Moreover, "arriving at an acceptance of one's mortality and a clear understanding of the limits and the possibilities of medicine is a process, not an epiphany." Reflecting on his profession, he suggests, "the problem with medicine and the institutions it has spawned for the care of the sick and the old is not that they have had an incorrect view of what makes life significant. The problem is that they have had almost no view at all."

Furthermore,

> "Our most cruel failure in how we treat the sick and the aged is the failure to recognize that they have priorities beyond merely being safe and living longer; that the chance to shape one's story is essential to sustaining meaning in life; that we have the opportunity to refashion our institutions, our culture, and our conversations in ways that transform the possibilities to the last chapters of everyone's lives."

He suggests, in our culture, "Making lives meaningful in old age is new [requiring] more imagination and invention than making them merely safe does." Imagining what this could

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[1] Gawande Atul. ***Being Mortal: Medicine and What Matters in the End***. 2017. Picador, Metropolitan Books, Henry Hold and Company, New York.

[2] NPR Documentary, English: https://www.pbs.org/wgbh/frontline/film/being-mortal/

mean, he references author Ronald Dworkin[3] who focused on retaining "the autonomy – the freedom – to be the authors of our lives." Gawande repeats,

> "All we ask is to be allowed to remain the writers of our story. The story is ever changing. Over the course of our lives, we may encounter unimaginable difficulties. Our concerns and desires may shift. But whatever happens, we want to retain the freedom to shape our lives in ways consistent with our character and loyalties."

Gawande observes that "as people become aware of the finitude of their lives, they do not ask for much." He reminds us, "the job of doctors is to supply up-to-date knowledge and skills. The job of the patients is to supply the decision." To this end, Gawande identifies four key questions physicians should ask patients who face decisions about their care. The responses provide insight for health care providers as well as for family and friends eager to support the patient's shaping the last chapter of his/her own story:

- What is your understanding of where you are with your health?
- What are your worries for the future?
- What are your hopes and priorities?
- What are you willing to sacrifice, and what are you NOT willing to sacrifice?

Throughout the book, Gawande follows the story of his father's last years, also a physician and surgeon, after he learns he has a slow growing cancer embedded in his spinal cord that cannot be cured but can be treated. It is a fascinating story of a physician who knows the up-to-date knowledge and skills and knows he must supply the decisions in an environment where medical intervention is the norm. Early in the conversation, the specialist acknowledges how uncertain the benefits of radiation are, an intervention he accepts. However, there were no improvements, the tumor did not shrink, he lost 21 pounds and had a constant ringing in his ears. At one point, the oncologist, almost living in a world of fantasy, hopefully promised, "You could be back on a tennis court this summer." Gawande circles back to his theme, "The pressure remains all in one direction, toward doing more, because the only mistake clinicians seem to fear is doing too little." When asked by his palliative care nurse, what are his biggest concerns, Dad's response was, "to stay strong while he could. He wanted to be able to type, because email and Skype were how he connected with family and friends all over the world. He didn't want pain. He wanted to be happy.'"

The stories, lessons learned, and memorable insights in Being Mortal are based on challenging decisions facing patients across a wide range of interventions. Whether to accept aggressive interventions with the hope of prolonging life for an unknown amount of time,or, as Gawande states .... provide "sustenance of the soul," "maintain the integrity

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[3] Dworkin R. "***Autonomy and the demented Self***" Milbank Quarterly 64, supp.2(1986): 4-16.

of one's life", "be the authors of our lives," "die peacefully at home." The understandings in Being Mortal provide a 'North Star,' a focus, and as he reminds us, "What matters in the end is not how we die but how we live." ℵ

REMINDER

The Health and Pension Committee

The Health and Pension Committee provides a link between AFSM members and the PAHO offices handling health and insurance benefits as well as with the UNJSPF New York office. We have acted to clarify, request resolution and serve as facilitator to help former staff with insurance concerns. AFSM as such does not have any executive power in these matters, however, through the Association's relations with those who do have that authority, we can provide support and attention to the member concerns.

Several recent occurrences have brought to our attention that perhaps not all members recognize that AFSM can and will intervene on their behalf with the SHI or UNJSPF authorities when there are difficult issues and assistance/support is needed. Members need not be alone in their search to resolve problems and we decided to remind you of that fact.

During the past year we have been effective in the resolution of a number of issues. The following are some examples. We:

- Mobilized PAHO SHI assistance and supported family for hospitalized member when the hospital demanded they pay the total bill before discharge
- Supported Medicare enrollment for participants thought not eligible, and clarified the reimbursement process for several members
- Investigated delays to pay providers upon changes in insurance administration in the US
- Assisted member with resolution of hospital bill in limbo for 3 years
- Aided family members in navigating the necessary steps in SHI and UNJSPF when account holder became incapacitated or died
- Helped several members to resolve problems when they were informed that they were not covered by the SHI insurance
- Directed persons to appropriate sections and forms needed in relation to UNJSPF benefits
- Clarified interpretations of SHI Rules and where to find information in regard to pharmacy and pre-hospitalization
- Facilitated the expansion of hospitals with SHI agreements in Mexico

While these are individual cases, AFSM also analyzes situations and advises on implementation options to maintain costs and ensure benefits for everyone.

AFSM is here for you!

Obituary of Elsa Margarita Moreno

1929-2021[1]

By Mirta Roses Periago

In December 2002, the Pan American Health Organization celebrated its first 100 years of existence and recognized as public health heroes of the continent 11 health professionals from different countries. A single woman deserved the recognition: Elsa Moreno, heroine of the health of the Americas.

Argentinian, born in the province of Chaco, her parents Job and Mercedes decided to move with their five daughters to Tucumán to give them more opportunities to study. In an interview in 2010, Elsa shared the values that were instilled by her family:

"I keep in my heart the goodness and rectitude of my father, a Spaniard who came from the Castilian land sung by Machado as: 'Pure Soria, capital of Extremadura'; the strength of my mother, a descendant of Andalusians, and the affection of the four older sisters, who since I was the youngest, taught me many more things than just learning to read."

Her interest in medicine was discouraged by her father, and so she chose pharmacy. But already in the third year, she decided to study medicine at the same time, without sharing the secret in his house until a year later. The news was received with surprise but with the full support of her father. She finished her studies in pharmacy in 1954 and in medicine in 1958, with the best average in the school. She was granted a scholarship to the General Clinic of the Jiménez Díaz Hospital in Madrid. But her true vocation was pediatrics, so she began to attend the Childcare Institute. Upon her return to the country, she was appointed as an intern at the Children's Hospital.

During her tenure as Deputy Director of the hospital (1962-1963), the hospital's emergency room was created.

That was where she began to notice the disparity between community-level maternal and child care and hospital care. As the clinical supervisor of the Infant Maternity Hospital, she traveled weekly throughout the southern province and began a reorganization so that the same doctors that saw patients in their offices would be in charge of their hospitalization. Thus,

[1] Data taken from the tribute profile of Dr. Susana Cecilia Miceli, published in August 2020 in the Medical Journal of Tucumán, Medical College of Tucumán, from interviews with Dr. Moreno throughout her professional practice and testimonials of her disciples.

between 1964 and 1966, the first group of doctors exclusively dedicated to the Infant Maternity Hospital was created. They were to work using a comprehensive approach to healthy and sick children, and the Neonatology Service of Concepción Hospital was created to prevent the transfer of low-weight children to the Maternity Institute in the capital.

The greatest achievement was the reduction of infant mortality, due to the impact the program had on increasing coverage of community care in the interior. Health personnel were then trained in this modality. Highly complex specialties at the Children's Hospital were also promoted, sending pediatricians to be trained in areas such as nephrology, nutrition, and hematology.

In 1966, with a grant from PAHO, she took the Course in Clinical and Social Pediatrics in Chile, and upon her return she was appointed Undersecretary of Health of the Province of Tucumán, serving there for three years.

"The course in Chile and this work at the managerial level in the health sector of the province definitely awakened my vocation for public health; I was looking at the health of children with a pair of blinders and now I was seeing a wide panorama of needs and possibilities". With these words, she synthesized her transition from a clinic to a population-based approach to public health.

In 1968, she moved to Buenos Aires to take a course in public health. *"On returning from the course, I decided to dedicate myself fully to work in public health. I left my office in Tucumán, annoyed by the surprise and bewilderment of my family and the parents of my little patients."*

At the end of 1969, she was hired as a Medical Care Advisor for the Comahue Region, with the challenge of reducing the infant mortality rate, which was one of the highest in the country. She was later appointed General Director of Health of Neuquén and as Secretary of Health and remained there until 1973.

"*I fell in love with Neuquén, its mountains, its lakes, its people. Neither its winds, its cold, nor its poverty scared me*," she recalled in an interview in which she also stated that Neuquén, in 1969, had a very high infant mortality rate: 107 per 1,000 live births. Humbly, she assured: "*With the work team we demonstrated how much can be done to improve people's health when political will, suitable technical teams, and the desire to work and move forward are combined. When I left Neuquén, infant mortality had dropped by 50%*".

In 1973, she was selected to be Adjunct Professor of Public Health at the School of Public Health of the University of Buenos Aires. At the end of that year, she was invited to form the team in charge of developing a National Maternal and Child Plan, and she was appointed to lead it as Undersecretary of Health between 1974 and 1975. She resigned shortly before the military intervention, beginning a period of short consultancies for PAHO, and in 1979 she was appointed Advisor in Maternal and Child Health, and she served in that capacity in Honduras, Brazil, and Mexico. In 1983, she assumed the leadership of the PAHO Maternal

and Child Program, which included immunizations, diarrhea, respiratory diseases, family planning, and child growth and development, creating in 1984 the Adolescent Program.

"My long pilgrimage throughout America showed me not only the poverty and problems of Latin America, but also how much potential there is in its people. In each of these countries I learned something significant".

In 1989 she was hired to be Adjunct Professor for the Public Health Chair in the Faculty of Medicine at the National University of Tucuman. She then was selected to be Associate Professor in 1991, and in 1993 to be Professor of the same chair and Director of the Master of Public Health Program of the Faculty of Medicine.

"Since then, I have dedicated myself to training public health personnel, even though I am aware that this is an arduous task, largely due to the changes in the epidemiological profile and the current characteristics of the political, social, and economic context, circumstances that seem to signify the immediate future of public health. My greatest endeavor today is to train public health leaders who support this necessary reform process by giving determined responses to the challenges of the hour, working with the people and for the people. Argentina needs a health service that is more and more dignified and equitable than the one it is having at this time. I hope that now my students can actively participate in achieving it."

Her great joy was the signing of the eradication of the Polio Virus transmission on a continental level. "It is one of my best memories of PAHO. I must confess that when on 25 August 1994, already living in my country, but forming part of the International Commission for the Certification of the Eradication of Poliomyelitis, I signed in Washington the certificate of certification of the interruption of the circulation of the wild virus in the countries of America, I felt an unforgettable emotion and I cried with joy".

In 2002, she received the National KONEX Award for Science and Technology in the area of public health. During a tribute that was made to her in her native province, when she was named Emeritus Professor of the University (2009) and Master of Medical Education (2010), Elsa Moreno established a position on the new challenges in public health.

"Key factors in the physical and sociocultural environments interact to determine the levels of health and illness of individuals, families, and communities. Therefore, it is necessary to anticipate the disease and act on those factors that condition diseases, acting before they occur. In previous decades, market policy, economic adjustment mechanisms, and unemployment have led to growing inequity in access to health services. The social classes with higher purchasing power can access all the benefits of the best quality medicine, which is not less than that of developed countries. The less favored groups, on the other hand, only have access to public services, often lacking human resources and basic supplies. To reduce inequities in health, it is necessary to generate a reform that supports proposals for change that ensure the attributes of equity, solidarity, universality, and participation".

Throughout her life, her professional achievements followed one after another in turns, by completing stages, each with increasing responsibility. From her time at the Regional Office in Washington, she recalled in 2010:

"Substantial progress was made in vaccination coverage; The Polio Eradication Program was started, the use of oral rehydration salts, and the control of acute respiratory diseases were disseminated, the adolescence program was created, and care programs for the mother and the newborn were strengthened. For all these undertakings, significant resources were mobilized from various agencies so that instruments could be developed to evaluate services and the achievement of a better quality of care for the mother-child group".

Here are some testimonials from her disciples, shared upon learning of her death:

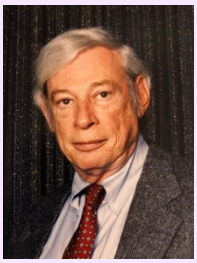
- "Her generosity in the transmission of knowledge and management made her unique; she was beyond personalities and poor political pettiness. She always flew high, and sometimes she smiled at the horror generated in politicians by her analyses of the sad health reality that we continue to experience even now. She will be remembered for her professional ethics, her brilliance, her generous values that give her momentum to keep flying higher still." (Maria Dolores González)

- "The talent, social commitment, and vision of Dr. Elsa Moreno have opened paths of inestimable value not yet recognized in the National University of Tucumán (NUT) and in Tucuman society. This teacher, researcher, and extension worker generated the ideas for three of the most ambitious and meritorious University Extension Projects that have been seen in the Argentinean university. They were born from an interdisciplinary and participatory perspective, with the integral concept of public health and human development that she supported. Dr. Moreno knew how to exert influence and set directions without claiming visible and prominent places for herself, in a macho culture that would not have accepted such leadership from a woman." (Susana Beatriz Montenegro)

- She told me, "There is still a barrier **between the health services and the population**; there are cultural, educational, and geographic access barriers. And that is what we have to break, for which we need strong, organized, and sustained work in primary care; in other words, in that space between health centers and homes." (Javier Rubel) ν

Obituary of James Alan Milam

By Leo Lamarche



James Alan Milam was born in Jackson, Tennessee on 2 September 1934. He passed away peacefully at his home in Washington, DC, on 20 July 2021. He is survived by his loving wife of more than 50 years Sally, daughter Diana, son Joseph, daughter-in-law Alix, and grandsons Mattew and Andrew.

He moved to Washington, DC in the late 50's. He worked at the Pan American Health Organization for more than 30 years, first as a budget officer in-charge of all extrabudgetary funds under Mr. William Childress, and then as the Chief of Budget Department until his retirement in 1995. One of his important roles was to coordinate and prepare the annual and biennial budgets which were presented to the Executive Committee and the Directing Council of the Organization.

His kindness and generosity were some of his virtues. Some of the staff that worked for him in the budget section were Rodrigo Vigil, Alfredo Ballevona, Nilda Wadhwa, Ramon Delgado, Pedro Marenco, Ines Weist, Ligia Blanco, and Maria Elena Lopez, among others.

He treated all of us in a very gentlemanly way and with respect, always helping us to grow within the Organization. He was a real leader. We all admired him and will miss him dearly.

I had the great honor of working for him for more than 16 years as a budget officer, and I learned a lot about the budget process.

At the personal level, while still working in finance and accounts in 1972, I applied for a loan at the Credit Union for the down payment on my first house in Springfield, Virginia. He was, at that time, the Chairman of the Credit Committee. He called me into his office on the 5th floor and asked me if I was sure I could pay for this loan, and I responded yes. And so, he approved my loan!

We express our sincere condolences to his wife Sally and the entire family.

May you rest in eternal peace Mr. Milam. $\mathcal{N}$

A Two-track Approach on COVID-19 to Save Lives is What We Need Right Now

By Profesor Dr. Maha El Rabbat: WHO Special Envoy for Eastern Mediterranean, Dr. David Nabarro: WHO Special Envoy for Europe and North America, Dr. John Nkengasong: WHO Special Envoy for Africa (anglophone), Dr. Mirta Roses: WHO Special Envoy for Latin America and the Caribbean, Professor Samba Sow: Africa (Francophone), and Dr Palitha Abeykoon: WHO Special Envoy for Southeast Asia

The world is witnessing the emergence of more infectious variants of the SARS-CoV-2 Virus, but a stuttering race to ensure equitable access to vaccines has seen a handful of countries streak ahead, immunizing their own populations, leaving many of the world's vulnerable in their wake.

Communities are struggling with impatience and fatigue, which is understandable. However, easing basic public health measures such as wearing a mask and social distancing risks fuelling ongoing transmission. In combination with new more infectious variants and the "me first" attitude of some countries, the unvaccinated and those who have received only one dose of vaccination are at increasing risk.

The world is at a perilous point and we, the WHO Director-General's Special Envoys, are calling for a renewed commitment to a comprehensive approach to defeating this pandemic. We have to accelerate along two tracks – one where governments and vaccine manufacturers support all WHO Member States in their accelerated efforts to create vaccine manufacturing capacity and vaccinate their most vulnerable populations, and the other where individuals and communities maintain a steely focus on continuing essential public health measures to break transmission chains.

The first track requires immediate implementation of reiterated calls by WHO and its COVAX partners on the best use of vaccines. Almost 3 billion doses of vaccine have been distributed globally, but only 90 million of those have gone through COVAX. There are at least 60 countries who rely on COVAX for vaccines and those countries have vaccination rates that average less than 3%. The world must implement a strategy at global, regional, and national level whereby the most vulnerable are vaccinated first, rather than leaving health workers, the elderly, and those with underlying conditions at risk of severe disease.

It also includes supporting WHO's call to vaccinate at least 10% of the population of every country by September, and a "drive to December" to

vaccinate 40% by the end of 2021. Achieving the September goal means 250 million more people in low- and middle-income countries must be vaccinated in just four months, prioritizing all health workers and the most at-risk groups to save lives.

Such goals align with the bold initiative by WHO, the International Monetary Fund, the World Trade Organization and the World Bank to call for US$50 billion in increased financing to vaccinate 40% of the world's population by the end of the year and 60% by mid-2022. Such an investment pales into comparison with the trillions of dollars of economic losses and costs connected to the pandemic.

WHO continues working to make safe and effective vaccines and other tools available to the world, from issuing Emergency Use Listings (EUL) for eight vaccines so far; to launching the Access to COVID-19 Tools Accelerator in order to spur development of and access to solutions to diagnose, treat and vaccinate vulnerable people in all countries; to enabling developing countries to create their own vaccine manufacturing capacity. Investing in manufacturing and diagnostic capacity, virus sequencing capacity, increased case surveillance, and other measures are essential components of controlling this pandemic.

Countries with the greatest stocks of vaccines should not hoard them and push to cover their entire populations while other countries do without. It is not even in their best interest, since the intense circulation of the virus in countries with no vaccines increases the possibility of more transmissible and dangerous variants, threatening to make current vaccines less effective.

At the same time, the world must not lose sight of the second track which requires that all people refresh their commitment to protect themselves and others by continuing to adhere to mask wearing, physical distancing, ventilation, and other actions that have been proven to curtail virus spread. Engaging with communities, building trust, and empowering people to feel part of the response are the keys to inspiring people to continue, even more than a year into the pandemic.

The urgent call is to save lives. The world has a moral imperative to do so. Global solidarity – even fuelled by the selfish interest of stopping the emergence of new variants – is needed more than ever. By actively calling for a two-track approach of ensuring that the most vulnerable get vaccinated and adhering to sound public health measures, and by calling out those who could be doing more, the whole world can benefit and save lives. No one is safe until everyone is safe. N

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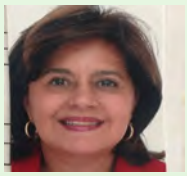

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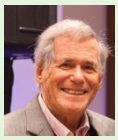

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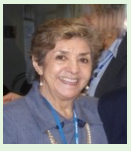

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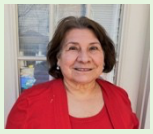

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Members – Gloria Morales, Nancy Berinstein, Rolando Chacón, Jerry Hanson, Haydée Olcese, José Luis Zeballos, Juan Manuel Sotelo, Garry Presthus

Healthy Ageing Committee

Coordinator – Juan Manuel Sotelo
Members – Martha Peláez, Yvette Holder, Marlo Libel, Gloria Coe, Hernán Rosenberg

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