NEWSLETTER

THE ASSOCIATION OF FORMER PAHO/WHO STAFF MEMBERS

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Solo Ageing

Contents

Staff Health Insurance and Pension Update

By Carol Collado

Health Insurance

In this the first Newsletter of 2022, I want to wish everyone a happy, healthy, and safe New Year! Let it be a continuing reminder that we are the drivers of our health. Healthy status depends on physical, mental, emotional, social, and environmental wellbeing, and each of us can be addressing these spheres on a daily basis.

The new year brings a few changes to our Staff Health Insurance Rules. These were sent by email to all registered participants on 18 January 2022. If you did not receive them, you should contact PAHO Staff Health Insurance shi@paho.org to make sure it has your correct address registered. Both the 2021 and 2022 Rules are also posted on our website.

As is customary, we will start with the latest information on the elephant in the room, COVID-19. To date (23 February 2022), according to WHO, there have been 426 million cases with 5.9 million deaths, and both figures are probably underestimated. Ten billion vaccine doses have been administered. As mentioned before, there are many committed scientists and institutions striving daily to give us more information and more pathways to success in overcoming this pandemic. There is encouraging news. Work is ongoing for developing a new framework for vaccine evaluation, and for preparing for the next pandemic. New research has established several new and acceptable treatments. It is encouraging that vaccines are now safely available for children starting with the age of five, and research has shown that booster shots can augment immunity and diminish severity and deaths.

Support for vaccine development and testing perseveres, critical to enabling better and more efficient distribution to countries where the supply access has caused difficulties in attaining acceptable levels of vaccine coverage. There are now eight COVID-19 vaccines in the WHO Emergency Use List[1].

HOWEVER, we are not yet "out of the woods." Challenges remain. The pandemic had been showing some signs of diminishing its severity and deaths towards the end of 2021. Unfortunately, the month of January demonstrated a global rise in both incidences, largely due to the rapid transmission of Ómicron. Information coming out of Europe shows a greater effect on younger people who now account for more hospitalizations and deaths. There are still some countries with single digit vaccination rates.

If history is to teach us anything, we can learn from the 1918 pandemic. By the beginning of 1920, people were weary of the limitations on daily life. Nearly all the public health restrictions - such as mask-wearing, social distancing, and the closure of schools and churches - had been lifted. A hasty return to public gatherings led to an increase in case numbers. Politicians either blamed people's carelessness for the re-emergence of the virus or downplayed the seriousness of it. A fourth wave occurred and killed many more. The lesson? ***Better safe than sorry***.

Because the virus is constantly changing, even new information quickly becomes irrelevant or obsolete. Our action and the preservation of our health is dependent on prescribed social action mandated by governments as well as on our own a personal assessment of risk and benefit. We encourage everyone to be informed and then make decisions on protective measures based on each person's own risk assessment and the alternatives. Remember, we are in an age-related high-risk group. In any case, continue to use

[1]There is an interesting discussion of the different types of vaccines and their immune responses at https://www.who.int/docs/default-source/coronaviruse/risk-comms-updates/update73_covid-19-vaccines-and-immune-response.pdf?sfvrsn=7902cc35_5

masks, wash your hands, maintain social distancing, and implement those physical, mental, emotional, social, and environmental actions that will keep you in the best health possible!

For those in the USA, we have been hearing of several people dissatisfied with the claims process with Cigna through personal contact and Facebook. We would like to remind everyone that although AFSM does both represent and advocate for our members, we do not have executive powers in case resolution. Therefore, it is extremely important that you register your complaints at shi@paho.org. If those in SHI are not aware of the problems, they are unable to intervene with Cigna to eliminate recurrences.

Another reminder - Medicare reimbursement must be filed each year because the fees may vary from year to year. If you have not yet sent in your form, it can be found on our website at: afsmpaho.com under the SHI section. Fill out the form and return it to medicare@paho.org.with proof of your Medicare deduction from Social Security or the invoice sent to you by Medicare if you do not receive Social Security. The year's reimbursement is usually deposited into your bank account within two to three weeks. The forms may be returned by mail; however, PAHO personnel are still working from home, and it will take a good deal longer to receive reimbursement than if you file electronically, since the mail must be collected (probably not more than once a week), distributed, and acted upon.

This year, Medicare premiums and deductibles have increased. Any service which falls under the Medicare deductible will be reimbursed by PAHO SHI at the prevailing coverage rate, i.e. 80% normally, unless the provider is out of network or it supersedes the participant's limited dollar ceilings (such as with the dental allowance). Medicare has expanded mental health options and will cover services provided via telehealth, including audio-only phone calls. This covers diagnosis, evaluation, and treatment of mental health disorders. Also expanded is the coverage for physician assistant services.

Since the US passed a resolution obligating insurance companies to cover COVID testing, we have had several inquiries regarding whether or not this changes the SHI coverage as stated in a memo sent last month. This was discussed in a GSC meeting, and SHI HQ responded that it had consulted PAHO SHI and legal and at the present time they do not see any changes in our SHI coverage. It continues to be limited to symptomatic medical reasons with a physician's prescription. We will keep you informed if changes occur.

Pension

First the exciting news: the Fund has just announced that in accordance with the UNJSPF Pension adjustment system, **there will be an 8.6 per cent cost-of-living adjustment to the US dollar track** of periodic benefits for this year**. The adjustment will be applied effective 01 April 2022.**

Just to remember: What is the Cost-of-Living Adjustment (COLA)?

Your initial benefit is adjusted over time for movements of the consumer price index in the United States or for your country of residence. If your benefit is on the dollar track, it will be adjusted periodically in accordance with the movements of the United States consumer price index (CPI). If you have opted for the two-track system, your pension amount will be adjusted by the movements of the CPI of your country of residence.

There have been several inquiries regarding our pension and its management, such as what to expect and when. In this newsletter, there is a box reminding you about how the pension fund is managed, and up to date news on its efficacy. Below, you will find answers to most of the questions that have come to us.

Digital CE

AFSM does not recommended to our members that people sign up for the digital CE. It still has too many kinks. For example, if one changes phone numbers - a normal occurrence, one must go through the whole

registration process again. What we know is that for now there are three forms of returning the CEs. Through:

a) traditional return of paper received at your domicile;

b) Member Self Service [MSS], which we highly recommend since we do believe that all retirees should be familiar with the advantages of being able to communicate with UNJSPF and see their own history through MSS; and it provides a means of verifying that the CE has reached UNJSPF offices and been registered. We even suggest that if you are not computer literate, you find a family member or other trusted individual to accompany you in the process; and

c) Digital, which we do not recommend, although some members have registered and are comfortable with this avenue.

During 2021, we held several tutorial webinars which spoke to both the digital CE and working with MSS. They were done in both English and Spanish. Unfortunately, due to a technical glitch, the recording of the English version was lost, but the slides are on our website. The full Spanish recording is also available there. If there is sufficient interest, we would be willing to repeat these webinars. Those who attended the tutorials, found them helpful. As far as we know, UNJSPF has plans to continue all three of these avenues for the foreseeable future.

This year's CEs will be mailed from New York in late Spring as usual. When the paper ones are mailed, we will advise our members so that you can be sure that you return the CE by one of the established means. One thing to note is that those who have registered successfully for using the digital CE return will not receive a paper copy, so it will be important for you to be vigilant at the time the paper copies are sent out so that you can use the MSS if the digital form is not working for you. If successfully registered via the digital process, you can do that anytime during the year. Everyone must return the CE by some means by 31 December of each year or be subject to suspension of the pension (it takes anywhere from six weeks to three months to reinstate it, so this is critical!). Each year, AFSM collaborates in the period from February to March in trying to track down those in the Region who have not sent in the CE, to help them find a way to return the document. Last year there were around 80 people in this Region in that situation. Success in avoiding suspension, however, depends on our ability to contact people. People move or change emails and forget to notify AFSM to update their contact information, so make sure yours is up to date!

There was a question on tax liability for the UNJSPF pension. Each country determines, based on its own relevant national tax legislation and policies, whether and to what extent UNJSPF pensions are subject to national taxation. For authoritative advice on tax issues, you should consult your local tax authority or an attorney or accountant who specializes in such matters. The Fund cannot address tax-related queries because taxation is not within the UNJSPF's scope or authority. Fiscal periods and national tax laws relating to pensions are exceedingly complex and subject to frequent changes. As a result, the Fund is unable to maintain up-to-date familiarity with this field and unable to give advice to participants regarding taxation. However, the UN Office of Legal Affairs does provide general information about taxation of UNJSPF benefits in its Guide to National Taxation available at: https://www.unjspf.org/wp-content/uploads/2018/05/UNJSPF-Taxation-Guide-General-principle-of-taxation-of-UNJSPF-benefits.pdf (for United Nations benefits), and the US Department of Treasury provides a Tax Qualification Letter available at:

https://www.unjspf.org/wp-content/uploads/2018/05/TaxQualificationLetter.pdf.

Be healthy. Stay safe! N

Know your Pension Facts

By Rolando Chacon

AFSM has recently been receiving a number of questions and suggestions for AFSM to interact with the United Nations Joint Staff Pension Fund. Many of these have to do with the annual return of the Certificates of Entitlement (CEs), and even suggesting that we should demand a higher pension for our retirees! Because of that, we thought it important that we all refresh our understanding of the Fund, how it works, how we are represented, and the latest news coming from that body.

UNJSPF

The United Nations Joint Staff Pension Fund (UNJSPF) was established in1948, by a resolution of the General Assembly, to provide retirement, death, disability, and related benefits for staff upon cessation of their services with the United Nations. It presently serves 80,346 beneficiaries with a total of 214, 972 participants, receiving contributions amounting to 2.85 billion US dollars annually. Its market value is estimated at 87 billion US dollars.

Administration

The Pension Board has the ultimate responsibility for the administration of the Fund, and it protects the best interest of the UNJSPF participants and beneficiaries by setting strategic goals and policies, providing general oversight and monitoring. The Pension Board has 33 members, representing the 25 member organizations, with a Staff Pension Committee (SPC) and Secretariat for each member organization. The Board reflects a participatory governance structure. Its tripartite membership includes representatives of (i) governing bodies, including General Assembly (GA) members, (ii) executive heads, including the United Nations Secretary-General, and (iii) participants' group (elected by staff members). In addition, there are four non-voting representatives of the retirees and other beneficiaries from the Federation of Associations of Former International Civil Servants (FAFICS) that sit on the Pension Board. The Pension Board reports to the General Assembly on strategic questions and policy matters regarding the management of the Fund, the Fund's budget, plan design issues and its long-term financial situation. To make fully informed decisions, include appropriate expertise, and fulfill its responsibilities, the Pension Board has formed subcommittees that meet more frequently and report annually to the Board.

Investment Management

The investment of the assets is the responsibility of the Secretary-General. The Secretary-General has delegated this authority and responsibility to the Representative of the Secretary General for the Investment of the Assets of the Fund (RSG). To ensure the financial sustainability of the Fund and the long-term objective of getting the best return on investments, the RSG works with the Office of Investment Management (OIM) to ensure that the assets of the Fund are managed prudently and optimally. The investment professionals of OIM – who come from over 30 countries – seek investment opportunities globally across a wide range of public and private market asset classes. Our investments are spread over more than 100 countries, and 85% of our assets are managed internally. Investments must, at the time of initial review, meet the criteria of safety, profitability, liquidity, and convertibility.

OIM has one absolute goal of maintaining a 3.5% long-term real rate of return on investments, met successfully with an average of 4.84% over the past 15 years. At the present time, it is generally accepted in international forums that the UNJSPF is one of the better managed and productive organizations of its type.

UNJSPF UPDATE

The latest information on the UN Pension Fund, as of 30 December 2021, provided by Rosemarie McClean, Chief Executive of Pension Administration and Pedro Guayo, RSG, includes:

- The UN General Assembly (UNGA) has adopted its 2021 resolution on pension matters, which provides strong support to the UN Pension Fund and its operations and investments agenda.
- The UNGA has also adopted an ambitious 2022 budget that will allow the Fund's priorities to be implemented.
- On the pension administration side, 90% of pension cases have been processed within 15 business days over the past two years.
- The Fund continued its modernization via the digital Certificate of Entitlement (DCE) in February 2021. Nearly 18%of the eligible population has enrolled in the DCE.
- With regard to investments, the value of the assets has seen another substantial increase of more than 10% in 2021 and is expected at year-end to be at more than 90 billion US dollars.
- As it stands, the UN Pension Fund is fully funded, and it is in a position to assume pension liabilities for decades to come.
- This year, the Office of Investment Management obtained ISO (International Organization for Standardization) certification[1] on business continuity, and both the pension administration and investment sides got the ISO certification on information and security. This confirms the Fund's best practices and sound data protection strategies.

We encourage all AFSM members to visit the UNJSPF website http://unjspf.org where you will find a wealth of interesting information, tutorials, and further details regarding pension management. ℵ

[1] ISO (International Organization for Standardization) is an independent, non-governmental, international organization that develops standards to ensure the quality, safety, and efficiency of products, services, and systems, and ISO certification certifies that a management system, manufacturing process, service, or documentation procedure has all the requirements for standardization and quality assurance.

María Isabel Rodríguez

By Juan Manuel Sotelo

El Salvador, her land, venerates and respects her, as well as many people linked to her life trajectory in all the countries of the Americas. The general joke is that next November 5th, when María Isabel will be 100 years old, the party will be in the main public square where they will create a monument to her.

Touching the lives of many people and institutions is not easy. Our dear doctor managed it amply and generously. I cite just one example close to AFSM - the Directorate of the PAHO International Health Training Program - through which have passed several generations of professionals who have contributed to international health in their countries, in PAHO, and in various other work sites.

María Isabel lives in her forever home in Colonia de Layco, in San Salvador, surrounded by friends who have worked with her when she was Minister of Health or Rector of the National University of El Salvador. From my visits in recent years, I can identify at least three of them who, with constant devotion, help her in her daily life, including writing her memoirs and conducting press interviews that she has not stopped giving regularly to international and national media. The last time I visited her, she was preparing an interview about professional women, since International Women's Day was approaching.

It is an example of ageing with panache, agenda, and intelligence.

Welcome to your first 100 years, María Isabel. N

Musings of an Ageing Woman

(Part 4)

By Yvette Holder

My friend told me that getting old is not the problem, it's the getting there that is. So true. And there are many things that I learned on the journey that I wished that someone had told/warned me about, so that I did not have to learn some of these lessons painfully, firsthand. Therefore, I thought that I would share them. And as I am doing so, I realize that some of them ring faintly familiar. They are the same warnings that I had given my children when they were young. Here goes.

Walk, don't run.

Unless you are engaged in a sport or running for exercise, there is no need to run. At our age, we have lots of time and there is little that demands the urgency of running. The ringing phone can wait. The person will either call back or leave a message so that you can return the call. If they don't, then it was not important. Running out of the bath to get the phone before the caller hangs up, is a big NO, NO, because it is an accident waiting to happen.

Do one thing at a time.

Multi-tasking, I firmly believe, is a talent specially bestowed upon mothers, especially working mothers who must juggle the demands of paid employment and housework. Now that you are retired and the children are grown, there is no need for that talent and God has taken it back. It has been my experience that trying to do more than one thing at a time, has led to accidents. Therefore, I reiterate that now that you have the time, do one thing at a time.

Do not stretch to reach anything.

Another theory of mine is that our center of gravity shifts as we age. Maintaining balance becomes increasingly challenging so that even the slightest lean to the left or to the right can result in a tumble as we seek futilely to straighten up. It is safer to move to well within arm's reach of the object.

When you lie/sit/bend, get up slowly.

Sudden movements are another no-no. Jumping up from a lying or sitting position can cause orthostatic hypotension which can result in dizziness and possibly lead to falls. Bending and then straightening up suddenly could bring the head into violent contact with an overhead object. I watched a fellow passenger get up and bang his head into the overhead cabin of an aircraft – cervical injury was the outcome. So, get up slowly. Indeed, do everything slowly – we have the time.

Look where you're going.

We were taught to walk erectly, heads held high. For the not-so-young, that advice only works if your steps are also high when you walk. Because we tend to shuffle as we age, the uneven path or the tiniest of stones becomes a major hurdle just lying in wait to trip you and make you fall. So, at the risk of becoming a hunchback, look where you walk, and walk carefully.

Hold on to the handrail when ascending or descending steps.

I used to laugh at the sign, "Hold on to the handrail". It is very good advice. And hold on until you are on flat ground. Do not let go at the last step thinking that you have arrived. That last step can do you in. It has done it to me

Don't stop going to the dentist.

My father's side of the family has very strong teeth. I think that is why my mom fell in love with him - because she (and her siblings) lost all their teeth in their teens. And since my early childhood was spent mostly with maternal relatives, as a very young child, I thought that teeth were naturally detachable. They were supposed to be taken out at night, cleaned, put to sleep in a glass of water, and installed next morning. One night, my mother found me tugging away at my mouth. Puzzled, she asked what I was doing? And crying in utter frustration, I replied, "My teeth won't come out!". Anyway, back to my dad. At 80, he decided that he did not have much longer to live. He had buried two wives, had survived two strokes, and had battled prostate cancer for more than four decades. So going to the dentist was a waste of money and time, he thought. God apparently had other plans. He lived another 10 years but lost half a mouthful of teeth, unnecessarily. DON'T STOP GOING TO THE DENTIST.

Sing.

Even if you are just a bathroom singer with a raucous, off-key voice, sing. Better yet, if you play an instrument, keep on playing. I started life as a soprano with a voice that was good enough to enter a music festival as a child. Studies and the family responsibilities left no time either for singing or playing. But with children grown and an early separation from work, there was time for music again. The choir at church was looking for singers, so I joined, only to discover that I could no longer consistently make the high notes. No problem, I became a mezzo-soprano, then a contralto, and eventually an alto, while consoling myself that I would sing harmonies. Now, it's not only the high notes that I can't consistently hit, it's also the middle and low notes. In fact, it's any note! If you don't use it, you lose it. I also played the piano as a child, to the point where I had to choose between music and mathematics as a career. I chose the latter as affording more stability and gradually stopped playing. I did return to the piano and started the organ as a way to combat arthritis in my fingers. But the mobility and agility of youth are gone, perhaps never to return. At least I can still sight read, although I have difficulty reaching the pedals. However, with COVID-induced church closures and/or reduced operations, opportunities to keep on are severely limited, reduced to at-home music, preferably in the bathroom. But we WON'T STOP SINGING!!!

Dance.

Dancing is therapeutic, both physically and emotionally. No more public feting and partying for me, thanks to COVID compounded by arthritis. But some golden oldies at home and a slow dance will keep the feet moving and the heart lifted. And even if the feet can't move, chair dancing in the privacy of your home is still possible. DON'T STOP DANCING.

Move.

DON'T STOP MOVING. But remember, walk, don't run.

JUST DON'T STOP!

As youths, we were told, "Never leave for tomorrow, what can be done today". The senior's counter mantra must be, "If it can't be done today, it may be done tomorrow". N

Welcome to New AFSM Members

Sonia María Guimaraes Tavares, from Brazil
Betty Colindres, from Honduras
Samuel Rawlins, from Saint Kitts and Nevis
Carl James Hospedales, from Trinidad & Tobago
Esther de Gourville, from Trinidad & Tobago
Adeniyi Ogundiran, from USA
Myrna Wattley, from USA
Fernando Zacarías, from USA

Solo Ageing
(Part 1)

By Sumedha Mona Khanna

"Solo is much more than just a status of mind"
Lori Martinek

It has been said that as a nation, the United States is becoming increasingly solo and decidedly more solo-minded. For the first time in US history, the number of American singles outnumbers the number of couples. Perspectives on why people remain solo are often a reflection of age. Retirement, perhaps even mid-life, is the time when solo begins to surface. Many people, especially women, do not wish to remarry after a certain age. People are also living longer and staying healthier for more of their lives. More adults are choosing to live solo while creating some connections around themselves.

What is Solo Ageing?

There are many books and writings about Solo Ageing. Most of the books write about retirement for seniors when they are ageing alone either by choice or by circumstances. They give guides about how to manage health, finances, relationships, and generally living as single seniors. This is not surprising as the number of people in the United States living alone for the first time in history has increased and outnumbered those living as couples.

But what does the term *Solo* mean? It does not equate to being a*lone.*

Solo means one. As a noun, it is something done by one person, unaccompanied. As a verb, it means to accomplish something on your own. Solo does not mean alone, isolated, or lonely. What does it mean to be solo these days? *Solo* is not the same as *single.* The word *single* generally implies 'not married'. *Solo* is sometimes equated with *aloneness.* 'Aloneness' is not the same as 'loneliness'. Some view it as an opportunity for further growth and may be even transformational.

In her book *Solo-Retiring,* Lori Martinek describes Solo as encompassing several categories:

- Solo by Choice – applied to long-term solos who have made a conscious decision to be solo and are happy with their choice.
- Solo by Circumstances - includes people who may be solo due to career or education demands, family responsibilities, or sexual preference. Some of these people may plan to 'partner' with someone else at some future point.
- Solo by Chance – includes people who may be reluctantly solo - they might be divorced, widowed, or never married. They might be searching for a suitable partner to be with. They might learn to live solo for a while but hope that it wouldn't last forever.

- Suddenly Solo – includes people who have lost a partner or spouse due to death, divorce, or break-up. It can be a difficult situation to navigate especially when it is not planned. This is the category on which I would like to focus this article. I feel that if one finds oneself in this situation after a long period of partnership with someone else, one has to 'learn to live solo'. This can be especially challenging during one's older years. I am calling this *Solo Ageing.*

Challenges of Solo Ageing

I divide these into five main categories:

- Financial Management and Security till the end of life
- Good Health and Wellbeing to Function Independently
- Finding Meaning and Purpose in Life
- Maintaining/Creating Key Relationships and A Strong Social Network
- Ageing in Place for as Long as Possible

All of these situations contribute to happiness and satisfaction in life. Life can change in one's later years, sometimes unexpectedly. Many variables must be considered when reviewing challenges and the actions one undertakes in any of these categories. Some might be able to avoid or successfully manage these situations, while for others it may not be easy, and they may need support. It is important to take these variables into consideration when making decisions, no matter how emotional they might be.

1. Financial Management and Security

This is probably the most important and difficult challenge, especially when one has been with a partner for a long time and suddenly finds oneself alone. As the finances are usually managed jointly, often the men have a stronger and clearer control and idea about the finances, especially if the spouse has not been working and is financially dependent. In recent years, this situation has been changing. Life expectancy for women is generally longer than for men, and it is often the woman who is left behind; or the man may have moved on to a younger woman. So, she is left as an ageing older woman often not wanting to form another relationship. She might not have skills to manage her finances alone, and sometimes she might not even know her financial status. Fortunately, as more women are educated and working outside the home, and some may even be much younger than their spouses, this situation is changing.

What are some of the challenges in this regard?

1. Knowing one's net worth.
2. Being aware of what income streams will be available. (Pension – for oneself and one's spouse; one's salary if still working; regular returns from some investments, etc.).
3. Realizing what are one's joint investments, such as bonds, security deposits, and other investment streams.

4. Disentangling one's finances, including bank accounts, credit cards accounts, investment accounts, etc. This may involve having to change the accounts into one's own name only.
5. Reviewing one's spouse's/partner's will or trust or a joint will or trust. This will require careful review and changes as needed. For this task one needs a good attorney who is reliable and with whom it is easy to communicate (not easy – but go with a good recommendation).

Depending on one's situation, these challenges may be different or complex. It is amazing and often surprising how long this process can take; it requires a lot of careful attention to details, especially if one has no children. I have noted that inheritance creates expectations and often distrust among one's children. The situation can get even more complex if there are children from a previous marriage. It is therefore better to engage an independent person, such as an attorney or a well-meaning and reliable friend. The most important consideration is that one be financially secure until the end of one's life, no matter how long that might be.

2. Good Health and Wellbeing for Independent Living

By 2015, life expectancy in the United States had increased to around 77 years for men and over 80 for women. Medical science has found numerous ways to keep one alive even after a stroke, a heart attack, or cancer, well beyond the event that would have been fatal in previous years. Many may expect to live well into one's eighties or even nineties, desiring to be fit, mobile, and healthy. For those people without children, staying fit and mobile takes even more critical attention to face the challenge of continuing to be independent for as long as possible. It is important to be physically active, maintain a healthy weight, and perhaps even change one's lifestyle. *Solo* A*gers* must pay special attention to their physical and mental wellbeing, as often the grief of losing a life partner can create inertia and general lack of interest in life.

Movement

Ageing can slow one down, often causing loss of interest in physical exercise even when one is reasonably fit. It is very important to find an exercise routine that one likes and can incorporate into daily life. Often one starts an exercise routine enthusiastically and aggressively but then loses interest and does not follow it regularly. It is better to find a simpler but interesting exercise routine and follow it regularly. It is important to make a commitment for a daily workout. Find a buddy or a convenient fitness class especially for seniors in the neighborhood. Often simple energy balancing and lifting exercises such as Qigong can be helpful in maintaining a daily movement routine.

Nutrition and Diet

Solo ageing often leads to overeating, eating irregularly, or not eating well. Grief can reduce one's appetite and over time leads to a lack of interest in both cooking and eating well. It takes a conscious effort to eat well regularly and healthily. One's desire for solo-cooking declines. I know that well, as mine did. So often just to deal with hunger one might tend to eat whatever

satisfies the urge at that time. It takes time to make the shift from cooking for two to just for one. This is even more difficult for men, especially if they have not engaged in cooking earlier in life (this is the situation with most married men). It is important to cook what one likes and find healthy recipes. Experiment with some new healthy recipes with a buddy.

These days of online deliveries of food can be a challenge, especially if one can afford it. But this also gives one an opportunity to find food delivery options for healthier and balanced meals. Avoid weight gain as much as possible, since we know that excess weight often is a precursor to many chronic health conditions, such as type 2 diabetes, high blood pressure, and arthritis.

Physical Check-ups and Fall Avoidance

It is important to maintain active connection with one's primary care practitioner. Get a physical check-up at least every year and take necessary preventive measures. Older adults are more vulnerable to health conditions such as type 2 diabetes, hypertension, respiratory illnesses, and arthritis. Many of these conditions can be avoided or at least kept in check through regular health check-ups and health maintenance practices mentioned earlier.

Avoiding falls at older age is extremely important. One can have one's home examined by a mobility expert who can identify potential fall risks in the home and help make the required changes.

One must pay attention to one's mental health. Good sleep is a prerequisite for that, but unfortunately sleep difficulty is one of the more common conditions one encounters in getting older and especially when one lives alone. There are many sleep experts, but eventually the answers lie within each person. That means avoiding stress - finding time to rest and relax, connecting with like-minded friends, reading, and listening to pleasant music. It is important to learn to say *No* to things and people who do not contribute to one's wellbeing. This is perhaps one of the most difficult things to do for many people.

Maintaining good physical and mental health can be challenging for S*olo* A*gers* since it requires a conscious effort to almost redefine oneself, one's needs and wants, and a sustained desire to stay well and healthy. It is important to connect with like-minded friends who can encourage one and be interested in one's wellbeing. One might literally have to rediscover oneself and make a conscious decision to change the way one takes care of oneself, to lighten one's load and allow for some pleasure and quiet time. Give the self-permission to be happy. There is no guilt in that. N

Note: (Part 2 of this article will appear in the June AFSM newsletter and will continue to address other challenges).

Healthy Ageing Committee (HAC)

News and Updates






Gloria Coe, Yvette Holder, Mario Libel, Martha Peláez, Hernán Rosenberg, Juan Manuel Sotelo

As AFSM welcomed the Decade of Healthy Ageing in 2021, it created a committee to identify issues, trends, and resources that may be helpful to our members, as well as to observe and provide input to the work of PAHO/WHO for the Decade.

AFSM's President has written to PAHO's Director of the Department of Family, Health Promotion and Life Course (FPL) stating that "AFSM is interested in supporting FPL in its planning and implementation of programs that are aimed at reducing or reversing ageism, both in the Organization as well as in health care services across the Americas". The Healthy Ageing Committee (HAC) is looking for opportunities to support the work of the Decade of Healthy Ageing and is welcoming ideas that AFSM members have about our role in fighting ageism personally, institutionally, and in health care settings.

The HAC continues to be interested in getting feedback from you, our members, just like we did with the two recent surveys. The results of the one on COVID-19, which unfortunately is still a matter of concern, were reported to you at the AFSM General Meeting in December 2020 as well as in the March 2021 AFSM Newsletter. PAHO's Director and its Director of the Health and Well-Being Department were informed of the results, and we asked them for assistance with providing our members in the countries with access to vaccines. The results of the second survey, which was focused on Ageing, were presented during the AFSM General Meeting in December 2021 and in an article in the March 2021 AFSM Newsletter. The data collected in these two surveys is being used by the HAC as a starting point/base line for its 2022 programming.

The theme chosen by the Healthy Ageing Committee for 2022 is: *Ageing Well My Way*. During 2022 the Committee will be sponsoring three webinars on this theme.

Please mark your calendars for the first webinar on: ***Tuesday, April 26th from 11:00 am to 12:30 PM (EST).*** In this webinar, Dr. Melissa Hladek, Assistant Professor at

Johns Hopkins University School of Nursing, will lead a discussion on ***"How to get what matters most from your healthcare."*** This discussion will include a presentation of a framework called Patient Priorities Care, which is used to examine health goals by exploring personal values, coming up with options to reach those goals, and making decisions with your healthcare provider about changes to your current health care plan. The aim of this webinar is to empower participants to approach their healthcare and treatment in a way that aligns with what matters most to them.

The second webinar will deal with **"Personal/environmental fit"** and how this fit helps you age well in spite of disability or frailty. The third webinar will deal with **"Long Term Care: Choices and Cost"**.

As we plan for future webinars, it would help us to know what "Ageing well my way" means to AFSM members and what are the specific topics that you would like the Committee to address. Please send us your thoughts, suggestions, and stories about "Ageing well my way" to: **AFSMhealthyaging@gmail.com**. Drop us a line with suggestions, and it can be a simple suggestion about a topic about which you would like to know more.

The Newsletter will have a regular column by the Committee, and beginning with next issue, we will include an overview of resources we found that we think will be of value to those who want to learn more about ageing and ageing services. We look forward to having an ongoing conversation with you about "Ageing well my way".
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In Memoriam

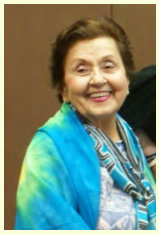
DEATHS INFORMED IN 2022
AND NOT PREVIOUSLY REPORTED

Viola Corpus	**29 January, 2022**
Raúl Casas-Olascoaga	**22 February, 2022**

Condolences to Marlo Libel for his wife Wally who died 4 February, 2022

Lifestyles

Summary of Helena Restrepo's presentation in the AFSM 2021 General Meeting



Health Promotion was defined based on the Ottawa Charter document (1986) as "the process by which individuals and communities are in a position to exercise greater control over the determinants of health and, in this way, improve their health." (Glossary of Health Promotion, Don Nutbeam). This same author in that work defines **"lifestyle"** as follows: "The term lifestyle is used to designate the general way of living based on the interaction between **living conditions** in a broadest sense, and individual standards of behavior, determined by sociocultural factors and personal characteristics".

An important precedent for the use of the term lifestyle was the Report of Marc Lalonde, Minister of Health and Social Welfare of Canada in 1974[1], a document in which he questioned the health policies of his country's Ministry, because the available resources were fundamentally aimed at disease care services, and very little action aimed at modifying the conditioning factors of the diseases responsible for the higher mortality of Canadians, such as behaviors or lifestyles.

The term lifestyle was not widely accepted in Latin America. In the early 1980s, one of Uruguay's former health ministers told me that this was very confusing and not applicable to these countries, but rather to developed countries like Canada. Over time, these concepts have become more recognized in the countries of the Region. The important thing is to take into account that behaviors or conduct begin to be created during childhood, and within one's cultural, socio-economic, political, and educational contexts and level of technological development achieved. Within culture it is very important to consider anthropological factors such as traditions and ethnic groups that characterize the place where people live. Cultural Anthropology is important for studies of behaviors and lifestyles.

With the Health Promotion approach being launched as a macro policy and a new conceptualization of public health, strategies were expanded to influence lifestyles, both at the individual level, and more importantly, at the community or collective level, accompanied by renewed methodologies of health education, social communication in health, and the dissemination of scientific information with responsibility and ethics. Social psychology offers valuable strategies for behavior change. But, perhaps more importantly and as has been demonstrated by expert Nancy Milio, the development and application Healthy Public Policies (PPS) at the population level will make a valuable contribution to promoting healthy living. The most common mistake is trying to change lifestyles with only advice, without taking PPS into account. How is it possible to promote physical exercise without a policy to create specific areas for it in cities? The same is true for recreational settings.

The PPS is vital in the nutritional and food consumption arenas, including the production, distribution, and marketing of healthy foods. Other important components to promoting health are support for artistic creations and the organization of social support groups, bearing in mind

[1] *A new Perspective on the Health of Canadians.* Ottawa: Government of Canada, 1974

the gender perspective. Women differ from men in many of their preferences, behaviors, and beliefs.

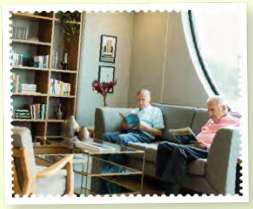
Finally, in order to successfully change lifestyles, it is necessary to CREATE HEALTHY OPTIONS at the community level - in health, educational and social welfare institutions. The selection of healthy behaviors and decision-making styles occur if there are options to do so.

NOTA

At the request of the coordinator of this panel, María Teresa Cerqueira, a description of the house for the elderly in which I currently live is included.

CASA NUA provides a model for active and healthy ageing, located in Medellín, Colombia.

The model was taken up by its General Manager, Dr. Carlos Sánchez, designed after similar institutions in Belgium, and adapted to the context of the country. The building was built with a gerontological-architectural model with rooms designed to be appropriate for the needs of the residents and spaces for the development of different activities. It is based on Health Promotion principles to achieve active and healthy ageing processes. To accomplish this, strategic components of physical exercise activities, and cognitive improvement and maintenance have been designed, such as specific therapy; music therapy; recreation; artistic activities of painting, drawing, singing, cinema, and belonging to the choir; among other activities. There is also a library to stimulate reading and a separate room for meditation and spiritual reflection.



The three fundamental pillars are: 1. healthy eating with planning and monitoring by nutritionists. 2. Physical exercise three times a week in groups and individually. 3. Cognitive maintenance and psychosocial care by specialized personnel. The residents of the House are divided into two groups according to their level of autonomy in order to program the activities appropriate to their capacities. Every day, three activities of the various components are programed, not only to entertain and pass the time, but also with the intention of improving cognitive abilities.

In addition, surveillance and health care is carried out by the Physician Director and the nursing, gerontology, and social welfare staff, in coordination with health institutions and the health insurance held by each resident. N

Focus on the Active Ageing Index

By Gloria A. Coe

From 2010 - 2012, the United Nations Economic Commission for Europe (UNECE) created the Active Ageing Index (AAI), to provide reliable information to develop effective programs to respond to the increasing percentage of ageing population.[1] The challenges facing national European policy makers is also familiar to policymakers in the Americas. In 1995, there were 62 million people in the Americas 65 years of age and older, or 8% of the total population. By 2019, 24 years later, this number increased to 116 million or 12% of the hemisphere's population. The Caribbean is the region of Latin American and Caribbean countries with the highest proportion of older adult population.[2] Relating to gender, a March 2021 article analyzing data from 363 Latin American cities identified the life expectancy age range for women as 74.4 to 82.7 years, while for men it was 63.5 to 77.4 years.[3]

This sizable increase of older adults is a worldwide phenomenon and is "particularly true for countries characterized by low/falling fertility rates and an increase in life expectancy." In effect, families are having fewer children while health care programs and social and economic progress enables more people to live longer healthier lives.[4]

This increase in longevity and higher percentage of older people are challenges to communities, countries, and policymakers in matters such as how to:

- Ensure sustainable pension systems covering larger numbers of retirees,
- Build economies based on higher numbers of retirees and lower numbers of working people,
- Make certain there is sustained economic growth, and
- Maintain viable social assistance programs.

Precisely because of these challenges, governments are extending the employment age for older workers, raising the retirement age, and constraining early retirement, among other things.

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[1] UNECE (2013) Introducing the Active Ageing Index: Policy Brief:
[2] PAHO. Core Indicators (2019). Health Trends in the Americas: https://iris.paho.org/handle/10665.2/51542
[3] Bilal U, Hessel P, Perez-Ferrer C, Michael YL, Alfaro T, et al. (2021) Life expectancy and mortality in 363 cities of Latin America. Nature Medicine, VOL 27, 463–470: https://www.nature.c https://www.nature.com/articles/s41591-020-0om/articles/s41591-020-01214-4
[4] United Nations, Geneva. (2019) Active Ageing Index: Analytical Report. https://unece.org/DAM/pau/age/Active_Ageing_Index/ECE-WG-33.pdf

The 2015 Report on the Active Ageing Index[5] focused on the importance of ensuring stainable "active contributions from older people themselves, by fostering lifestyles throughout the life course that will support healthy and fulfilling old age." Furthermore, active ageing was defined as "growing older in good health and as a full member of society, feeling more fulfilled in our jobs and social engagements, being more independent in our daily lives and more engaged as citizens." The strategy pursued is a "paradigm of healthy and active ageing [that] makes the most of the potential of older people and makes them less dependent on family and state."

The 2019 Analytical Report on the Active Ageing Index highlighted the unique role played by health as reflected in WHO's 2002 definition of active ageing as the "process of optimizing opportunities for health, participation, and security, in order to enhance quality of life as people age."[6]

The AAI is "a tool to measure the untapped potential of older people for active and healthy ageing across countries. It measures the level to which older people live independent lives and participate actively in economic and social lives, with the objective of promoting an active role for older people." Although UNECE carefully explains "the index is not built to measure the wellbeing of older people", it does give older people a multidimensional framework that characterizes successful well-rounded active ageing.

The AAI consists of four domains of active ageing. Across the four domains there are 22 indicators. Each indicator has a percentage weight that collectively totals 100% for each domain. For instance, some examples are:

I. **Employment** has four indicators according to age: 55-59 years, 60-64, 65-69, and 70-74; each with a weight of 25%.
II. **Participation in Society**: voluntary activities = 25%, care to older adults = 30%.
III. **Independent, Healthy, and Secure Living**: physical exercise = 10%, independent living = 20%, lifelong learning = 10%.
IV. **Capacity and Enabling Environment for Active Ageing**: Mental-wellbeing = 17%, Use of ICT[7] = 7%, Social connectedness = 13%.

Furthermore, the "indicators are measured separately for men and women" thereby making it possible to identify gender gaps in Active Ageing. Since the "goal of policy makers is to enable older people to live an independent and secure life as long as possible", it is important to understand the impact on a community or province of a gender gap in Active Ageing. In general, women frequently face "a higher risk of poverty in old age" and tend to have fewer opportunities for "active and dignified ageing."[8]

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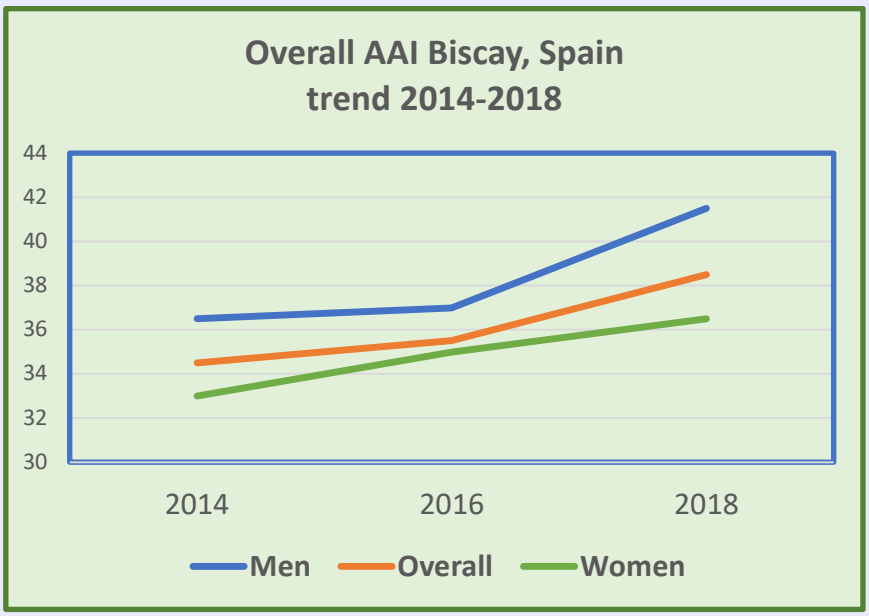
[5] United Nations Economic Commission for Europe (UNECE) and the European Commission's Directorate General for Employment, (2015) Social Affairs and Inclusion. Active Ageing Index: Analytical Report.
[6] World Health Organization (2002). Active ageing, a policy framework: https://apps.who.int/iris/handle/10665/67215
[7] ICT = Information and Communication Technology
[8] Steinmayr D, Weichselbaumer D, Winter-Ebmer R (2020). Social Indicators Research: Gender Differences in Active Ageing: Findings from a New Individual-Level Index for European Countries 151:691–721: https://doi.org/10.1007/s11205-020-02380

Based on data from AAI studies, between 2008-16 the gender gap narrowed in the 28 European countries. In the Biscay region of Spain however, data collected in 2014, 2016, and 2018 demonstrated that the gender gap favored men. As can be seen in the chart, the data from the indicators of the four domains showed an increase in active ageing for both



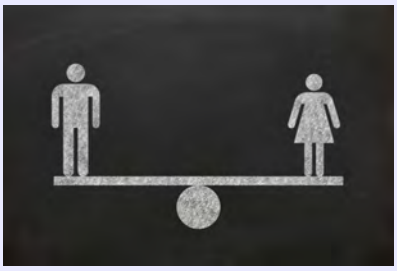
men and women. However, the gap increased markedly higher for men, meaning their active ageing scores moved higher faster than did those of women. In Biscay, the active ageing scores for men increased faster in the Employment; Independent, Healthy, and Secure Living; and Capacity and Enabling Environment Domains. Meanwhile, the women of Biscay had higher scores only in the Participation in Society Domain and only during 2014-2016.[9]

Based on AAI data from 28 European countries, UNECE published in March 2020 the Policy Brief *Gender Equality in Ageing Societies*.[10] The Conclusion of the Policy Brief stresses:

"*Actions should be taken at every stage of life to improve equity within and between generations. The brief recommends a three-pronged approach to enhancing gender equality in ageing societies:*

[9] United Nations, Geneva. (2019) Active Ageing Index: Analytical Report. https://unece.org/DAM/pau/age/Active_Ageing_Index/ECE-WG-33.pdf

[10] UNECE (2020) Gender Equality in Ageing Societies. https://unece.org/fileadmin/DAM/pau/age/Policy_briefs/ECE_WG-1_34.pdf



- ***Preventing the accumulation of gendered disadvantages over the lifecourse*** *by tackling inequalities at all levels to close gender gaps in education, employment, care, earnings, and pensions;*
- ***Mitigating [or lowering] the risks resulting from gender inequality among older persons*** *through [financial] redistribution to ensure a minimum income for a decent standard of living and support,*
- ***Anticipating the impacts of current reforms on future generations of men and women*** *by mainstreaming age and gender in societal adaptations to demographic change*."[11]

The use of AAI in Latin America will be challenging. The chapter *Quality of Life of the Elderly and Applicability of the Active Ageing Index to Latin American Countries"*[12] in the 2018 publication "Building Evidence for Active Ageing Policies" specifically indicates that "Latin America is experiencing a rapid increase in the number of older people, and ageing is currently at the core of governments' [policy] agenda. However, . . . results show that most countries are a long way from offering generalized conditions of proper life quality for their older populations."

In conclusion, I wonder what should be our focus as retirees and protagonists of equitable active ageing in the Decade of Healthy Ageing?

Let us agree to create a coordinated effort to strengthen the public health conversation on how, in the Americas, we will strengthen the ability of older people to live in gender-equitable communities, enjoy active and healthy ageing, live independent lives, and participate actively in economic and social lives. N

[11] UNECE. Active Ageing Index in Non-EU Countries and at Sub-National Level: Guidelines, 2018: https://unece.org/DAM/pau/age/Active_Ageing_Index/AAI_Guidelines_final.pdf

[12] Fanta J (2018) Quality of Life of the Elderly and Applicability of the Actie Ageing Index to Latin American Countries. In Zaidi A, Harper S, Howse K, Lamura G, Perek-Bialas J. (eds) Building Evidence for Active Ageing Policies, Palgrave Macmillian, Singapore.

¿Where are they now?

By Christian Darras

With Anatole, my grandson

A little over 10 years ago, the time came for me to retire as a PAHO/WHO staff member. Thus ended a medical career of nearly 40 years, where I worked for a short time in Belgium, a little more in Africa (then Zaire), and most of it in Latin America (Bolivia and Chile). During all that time, I had two employers: the Belgian Cooperation Agency and PAHO/WHO (what job stability!). The link between the two was located in the PAHO/WHO Country Office in La Paz, Bolivia, where I landed for the first time as Expert on Secondment within the framework of an agreement between Belgium and WHO. The Representative at that time was Mirta Roses (from there she went to WDC, called by George Alleyne as his Assistant Director). A decade later, I landed in that same office again, this time as Country Representative (Mirta Roses was already PAHO Director): the circle had been completed.

With retirement came the question that we all asked ourselves: where to now? As was true in all the other stages of my life (starting with my birth), I had no pre-established plan, making my own the Bolivian saying: “We will see how to cross the river when we reach the shore”. My wife and I decided to return to Belgium, motivated by our wanting to accompany our parents in their last years of life. For me, it meant going to the place where, until that moment, I had spent the least amount of time. In reality, the places in my life had been divided into two equal parts: Africa, where I was born and raised, and Latin America, where I did most of my work. I then crossed the Atlantic and the equator at the same time.

Arriving in Belgium (Brussels more precisely), I discovered this natural phenomenon that vanishes in the tropics: the four seasons of the year. Spring, when life springs up, Summer, with the sun that decides not to set behind the horizon, Autumn, with its shining leaves, and Winter, where you leave home when it is still the nighttime and return home when night has already arrived. In Belgium, what unites all these transformations is the rain (199 days on average per year, distributed equally among the months). Sometimes rain is disguised as mist or snow.

The first thing I did was make contact with former colleagues: with some working at the Institute of Tropical Medicine in Antwerp, where I had trained in tropical medicine and public health, and with others who were linked to Belgian NGOs working in health. Serving as a volunteer collaborator, I carried out several missions both in Ecuador and in the Congo (ex-Zaire). During the trips to this last country, I realized that history does not go backwards: the world of my childhood and youth had definitely disappeared. Actually, it is the same for everyone, but in my case, it was obvious: it was clearly apparent and perceived without the need for reasoning or explanation. This does not detract from what has been lived, something now enveloped in a halo of magic.

At the same time, at the request of Belgian doctors, I got back into our health system, now with new tasks. A little explanation about the characteristics of this system is needed here. In

Belgium, two lines of health care exist in practice but without a formal institutional framework. The vast majority of the population has a family doctor, without having to sign up. Patients remain free to consult the doctor they want whenever they want and to go directly to the hospital consultation. Family doctors work mainly individually, while 15% of them are grouped in “Health Houses” (“maisons médicales” - equivalent to health centers). Hospitals belong to municipalities or civil associations that are always non-profit. Commercial private medicine is marginal. Enrollment in public health insurance is mandatory and covers almost all benefits. In this context, relationships between care streams are organized at the "micro" level (solving patient problems through personal relationships between generalists and specialists) and the “macro” level (with the general structure of the system being done through the financing of social security). But there is a need for a "meso" level to identify and solve the systemic problems of the relationship between the streams, to be achieved via agreements between their representatives. I had to intervene as moderator of joint meetings, facilitating the dialogue and systematizing the conclusions. My experience as PWR was very helpful for that. Interestingly, we decided to call these meeting spaces “local health systems” (in French “systèmes locaux de santé”-sylos), transferring the term from its land of origin.

With colleagues in the Congo

Meanwhile, my parents passed away, already well into their 90s. According to their own wills, their bodies were handed over to science and then cremated. I was already the patriarch of the family, among my sisters and cousins! Also, I became a grandfather for the second time. It already had been about 20 years since the first one, but you don't decide when your children choose to continue the family line. The grandchildren grow up quickly and this has brought me new joys: going to school once a week to pick them up and take them back home. The exchange between generations is something prodigious: each one tries to surprise the other, the youngest with the richness of his imagination still intact and the older one with the variety of his memories.

Due to a combination of circumstances and the fortunate result of chance, I discovered taichi. And through this I discovered a whole new world. I have always been open to different forms of medicine, knowing that ours is just one of them. I experienced it firsthand in Africa, where my patients simultaneously turned to local healers to reinforce the possibilities of my treatments. Then, I developed my understanding more conceptually through PAHO's intercultural health program in Bolivia and Chile, through contact with the Kallawaya, Yatiris, and Machis tribes. Traditional Chinese medicine adheres to the notion that energy flows to promote circulation through the body and taichi is intended to facilitate this. Now, between the anatomy and physiology that I studied in college and these notions, there are obvious bridges. The complementarity between yin and yang is not far from the balance between parasympathetic and orthosympathetic systems. With the group I joined, we practice every morning in one of the public parks in Brussels, outdoors no matter what the season be. The taichi helps us to develop in the physical rhelm muscular force, a sense of balance, and the coordination of movements and in the spiritual rhelm patience, constancy, and humility.

Due to another set of circumstances, chance continued to do good things for me. I discovered a writing group. In it, we gather for a full weekend every two or three months to write on a general theme. The beauty is that this takes place in an "Art nouveau" style house, the type that

flourished in Brussels a century ago. The coordinator launches a “test” and then we write for about twenty minutes; one slogan is “it is better to have a different idea than no idea at all” and another “is there no solution? then change the problem” and another “piece by piece, the impossible can be achieved”. Then each one of us reads his product, without additional comments, allowing progressive enjoyment. I already have many texts developed throughout those meetings. Now there is the task of bringing them together and perhaps editing them, as a continuation of the stories that I already published in La Paz. (*Common People,* Editorial). Between taichi and writing, I can put into practice the motto of the Romans “sound mind in a sound body” (“mens sana in corpore sano”), perhaps a way of my keeping a healthy distance from the medical world.

To complete the picture, I will mention two additional points. On the one hand, although Brussels is a medium-sized city (a little over a million inhabitants), it is home to the European Commission. This dense international bureaucracy (the so-called “Eurocrats”) ensures an expansive cultural diversity which provides much enjoyment of both concerts and exhibitions. On the other hand, Belgium is a tiny country (about 30,000 km^2), which makes it easy to travel around: you can go from one end to the other and return on the same day and all this with a good rail system, even if you can’t count on the same expanse and punctuality of yesteryear. This has given me the opportunity to explore many sites beyond the traditional tour stops, which are the Grand Place in Brussels and the canals in Bruges. An historical side note by the way: in the 19th century, Belgium pioneered the development of the railway, and Belgian engineers spearheaded the construction of railway lines on several continents, from Chile to China.

Included among these and other activities, I was invited by our friend and colleague Fernando Zacarías to be a member of the MultiPOD Mentoring Program. I accepted with great pleasure and my sixth year as a mentor will begin in a few weeks. Previously in my job, I had the role of supervisor, teacher, director, and tutor, but being a mentor gives me the opportunity to explore a new form of relationship, based on the transfer of life experiences. The truth is that the response from the mentees is very positive; they are most interested to learn how others have fared in the past, although obviously the outside world has changed substantially. However, what remains through time is human nature.

To conclude for the moment, I would say that in the great book of life, retirement is a new chapter: its blank pages are to be written day by day, giving way to its inspiration. N

Obituary for Paul Stephenson Ellis

April 7th 1938 – October 30th 2021

By Peter R. Carr and Paula Ellis

Paul Stephenson Ellis was born in Jamaica and went to secondary school at Cornwall College in Montego Bay. He continued his education abroad and graduated from Howard University in Washington, DC in 1962 with a bachelor's degree in Pharmacy. On his return to Jamaica, he was employed by the University Hospital of the West Indies (UHWI), the Caribbean region's leading teaching hospital. A year later, he was off to the University of London where he pursued a course in the manufacture of sterile products. Soon after his return home, he was appointed Chief Pharmacist at the UHWI and was the driving force behind the establishment of a cost-saving sterile department that produced a wide range of sterile products for the hospital's use, including intravenous fluids. In 1970, a PAHO Fellowship took Paul again to Washington DC where he earned a master's degree in Health Care Management from George Washington University. Upon his return to Jamaica, he was asked to take up the post of Hospital Manager of the UHWI. He accepted the offer and remained Hospital Manager at that institution for many years.

Paul's knowledge of pharmaceuticals, and his management style, made him attractive to employers outside of the university. He turned down many offers before accepting one in 1981 that eventually led him to become CEO and Chairman of the Board of the Jamaica Commodity Trading Company (JCTC), a quasi-governmental organisation tasked with the importation of items ranging from pharmaceuticals to lumber and to motor vehicles. During those years, he led many delegations to 'source-countries' in Europe, Britain, and elsewhere.

In 1987 PAHO/WHO called, and Paul accepted the call. His wife and their two daughters accompanied him to Barbados, his first posting, where, as a PAHO Consultant, he was directly involved in the process of refurbishing, re-staffing, and re-purposing that country's leading hospital - the Princess Margaret Hospital. At the end of his term in Barbados, in March 1991, he was posted to Trinidad and Tobago to serve as the PAHO/WHO Representative (PWR) for that country. While there, Paul ensured that PAHO/WHO was recognized not only by the government and other UN agencies, but also by the citizens. Relationships were formed with media houses and journalists in the country, award-winning programs for journalists were established, and journalists collaborated with PAHO/WHO to make their mark on and educate their various communities on health issues.

His PAHO/WHO Trinidad staff saw him as part of their family and were greatly saddened at his passing. They said that he was a simple, honest man of integrity; a manager with class, who was fair in his dealings with staff. He was an example of professionalism, rectitude, a mentor, and a true gentleman. He had an open-door policy, allowing staff to discuss their work-related issues with him. More than instructions, he offered the staff guidance and inspiration to help them to grow and develop in their job opportunities. "We are all eternally grateful to Mr. Ellis and are truly blessed to have had the opportunity to have been led by such a fine, kind gentleman."

In April 1999, Paul retired from PAHO/WHO and with his wife, he returned to his home in Jamaica. Almost immediately, he was engaged by the University of Technology (U.Tech.) in Jamaica as a lecturer in its Faculty of Pharmacy and Health Sciences. For the next eighteen years, Paul's teaching, management, writing and presentation skills were put to rigorous use as he lectured, and then became the Accreditation Officer for programs at the university - including those of Pharmacy, Law, and Dentistry.

In 2018, at eighty years of age, Paul retired from U. Tech. and dove into his leisure activities: reading James Patterson, and John Grisham, watching all the sporting activities that he loved – and there were many - anytime and anywhere those activities were being played or shown on television, and walking. Paul and I spent many days together at Sabina Park in Jamaica watching international cricket between the West Indies and other cricketing nations analyzing the status of the game and its possible outcome.

Paul was a quiet man. He maintained communication with a few friends - from high school to U.Tech - whose friendships he cherished. He was a devoted son, brother, husband to Paula, father to Nicola and Jacqueline, grandfather to Kali, and to his extended family. His self-discipline in exercising and healthy eating motivated others. That his birthday fell on World Health Day (April 7th) was often noted. His many kindnesses were unseen, but always remembered by the recipients. After a brief bout with an aggressive illness, Paul died on October 30, 2021, leaving a void in his family that will never be filled. We pray that his gentle soul will rest in peace. N

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Jamaica

Catherine Cocco
Dominican Republic

Cecilia Yépez
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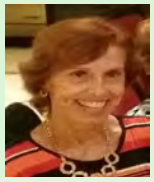

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Volunteer

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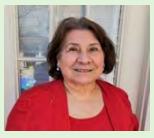

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