NEWSLETTER

OF THE ASSOCIATION OF FORMER STAFF MEMBERS

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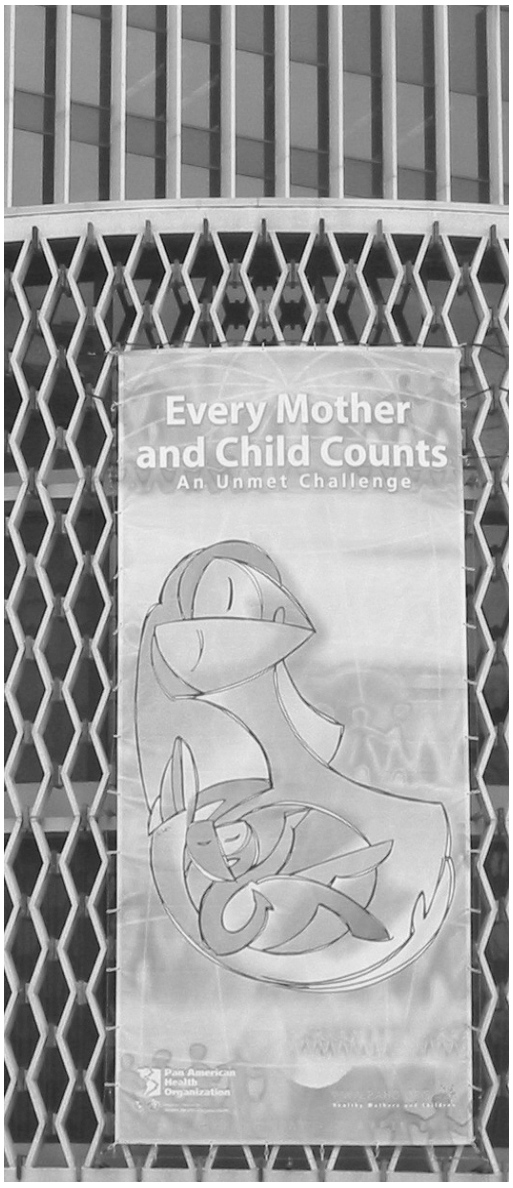

Inside this issue...

World Health Day 2005 (7 April) focuses on maternal and child health. A key message of this year's campaign is that millions of mothers' and babies' lives could be saved every year through simple, low-cost measures.

PENSION ADJUSTMENTS

A 5.2% adjustment of the United States dollar pension entitlements took effect as of 1 April 2005, based on the movement of the United States Consumer Price Index (US-CPI) over the two-year period December 2002 to December 2004; there had been no increase in April 2004 because the required minimum 2% movement to trigger an adjustment had not been reached.

For those who separated in 2004 or early 2005, the adjustment will be prorated. For those receiving the first adjustment since the award of their pensions, the increase will be reduced by 1.0 percentage point because of an economy measure taken in 1985. This reduction was initially set at 1.5 percentage points; however, in the light of an improvement in the actuarial situation, as reflected in the results of the last four valuations, the Board decided to lessen the reduction with effect from 1 April 2005.

For retirees and beneficiaries on the two-track pension adjustment system (see below), the adjustment of the local currency track amount on 1 April 2005 will vary according to the CPI movements in their respective countries of residence, provided that the 2% threshold has been met.

Retirees and beneficiaries will be advised of the changes in the amounts of their pensions, if any, on the occasion of the payment of their April 2005 benefits, due either on 1 April for those who retired before 31 December 1984 or 1 May for those who retired on or after 31 December 1984.

Two-track Pension Adjustment System

The benefits payable by the Pension Fund are established and denominated in US dollars, but many beneficiaries live outside the United States. The purchasing power of their benefits converted into the currency of their country of retirement is, therefore, of vital importance to them. Because of the rapid and substantial currency fluctuations - which have prevailed since 1971 - measures have been taken over the years to cope with their effects and to protect, to some extent, the purchasing power of benefits in all countries and currencies by (a) reducing the impact of month-to-month currency fluctuations and (b) making an upward adjustment in the initial local currency amount of the periodic benefit of beneficiaries who reside in high-cost countries.

The operation of the adjustment system, therefore, involves the keeping, for each beneficiary, of a record of one or two amounts of the periodic benefits in the following manner.

For all beneficiaries, an amount in US dollars, which is adjusted periodically (see below) according to cost-of-living changes as measured by the United States Consumer Price Index (US-CPI);

For those beneficiaries who provide proof of residence in a country other than the United States, a second amount in local currency, which is adjusted periodically according to changes in the cost of living in that country as measured by the country's consumer price index (local CPI).

The beneficiary is entitled to the payment of the higher of the two amounts, subject to the conditions and arrangements described below. The system is, therefore, commonly referred to as the two-track pension adjustment system.

(This article is based on the annual letter from the CEO of the UNJSPF and on information in the UNJSPF Explanatory Booklet.)

CHANGES TO THE STAFF HEALTH INSURANCE (SRI) RULES

Every three years the Joint Meeting of the WHO Staff Health Insurance Fund is held at WHO Headquarters in Geneva. It brings together representatives of the Administration and Staff Association from Headquarters and from each Region to review the financial stability of the Fund and to review possible changes in its financial structure and benefits. The most recent Joint Meeting was held in October 2004, and representatives from the PAHO Health Insurance Office, the AMRO Regional Surveillance Committee, and the PASB Staff Association attended. The Health Insurance Committee of the PAHO retirees' association was actively involved in the discussions at the regional level, and contributed its comments and suggestions to the proposed agenda and possible rule changes, which were fully incorporated into the AMRO Region's proposals and positions. In addition, a representative of the WHO retirees' association attended the meeting with voice but no vote.

The recommendations emanating from the Joint Meeting in October were submitted to the Director General and signed into effect by him effective 1 January 2005. Updated Staff Health Insurance Rules will be published on the WHO Internet and the PAHO Intranet (replacing those dated 1 July 2001). In the meantime, the following is a summary of the **most significant** changes concerning benefits (changes are in boldface):

DISCLAIMER: *This material is for the information of the readership of the* Newsletter *and, while every effort is made to report it accurately, the text should not be considered official and should not be used for the purpose of claims or appeals.*

1. Under *Major Surgical and Medical Care*, rule 203.1 was changed to increase from US$ 40 000 to **US$ 50 000** the estimate for major surgery cases for which prior approval of the Headquarters Surveillance Committee must be obtained.

2. Under *Professional Services,* rule 210.4 was modified as follows:

"surgery, including

- maxillofacial surgery **or dental surgery performed in a hospital, approved in advance by the relevant surveillance committee,**
- plastic surgery occasioned by injuries, neoplasms, infections or other diseases,
- **refractive** eye surgery **when prescribed by a medical doctor and subject to a maximum of US$ 2 000 per eye for the entire period of coverage and** when justified by **two** of the following:

  myopia **with or without astigmatism (ametropia of more than -1.5 dioptres but not more than -10 dioptres)**

  a physician determines that a patient can no longer wear glasses or contact lenses for medical reasons

  difference in sight of at least 3 dioptres;"

3. Rule 210.6, **podiatrists and osteopaths** were included as reimbursable when prescribed by the responsible physician under *diagnostic, therapeutic and rehabilitation services.*

4. Reimbursement for *domiciliary or institutional nursing services* under rule 210.7 was modified as follows:

210.7 domiciliary or institutional nursing services (provided by persons recognized or authorized to provide such services by the competent authorities) prescribed by

the responsible physician or medical specialist when the patient is suffering from:

(a) an acute condition;

(b) a chronic disease, including a geriatric condition approved in advance by the Headquarters Surveillance Committee in consultation with the relevant regional surveillance committee, **at 80% regardless of the duration of the condition, and upon presentation of a medical report to the relevant staff physician every six months;"** (NOTE: The *Guidelines* set a ceiling of US$80 a day for such services.)

5. Under Rule 223, reimbursement for *speech therapy* for children was increased to a maximum of **150** sessions over a period of **five** years for the entire period of entitlement to coverage. The following paragraph was added to this rule: "**Following an accident or illness, reimbursement of therapy for speech defects could also be reimbursed for adults, subject to the prior approval of the relevant surveillance committee for a determined number of sessions and period."**

6. Rule 240.2, regarding *psychiatric care* was modified as follows: "for psychiatric care, 1100 days within a five-year period, recertification is required after each period of 30 days **for the first three months and after each period of 90 days thereafter."**

7. Under *Appliances and Accessories,* a sentence was added as follows*:* "**If rental is not possible or if the estimated cost of rental for such an appliance or accessory exceeds its purchase price, the health insurance service can approve the reimbursement of its purchase at 80%."**

8. Concerning coverage by an *ophthalmological specialist or a licensed registered optometrist,* the following provisions were introduced:

288 When certified by an ophthalmological specialist or a licensed registered optometrist, the cost of lenses and frames **and contact lenses** is reimbursed **once in each two-year period,** subject to a maximum amount of US$ 400, **based on the date of the previous purchase. In the case of disposable contact lenses, the credit is cumulative for the two-year period beginning with the date of the first purchase. Exception to the two-year period is made only in accordance with para. 289 or when a change of dioptre of at least 0.25(x) has occurred and is justified by a certificate, when** lenses only are reimbursable subject to a maximum amount of US$ 300.

289 When required as a result of a change in vision following an eye operation **and upon presentation of a medical report,** the cost **of** lenses **or contact lenses** required during the twelve-month period after the operation **can be reimbursed at 80%, subject to a maximum amount of US$ 300.** The cost of the frames is excluded from this reimbursement.

9. Concerning *hearing aids*, an additional sentence was added to rule 290, as follows. "…**When required as a result of a severe deterioration of hearing within the five-year period, reimbursement of 80% not exceeding US$ 1 500 is subject to the prior approval of the Headquarters Surveillance Committee through the regional surveillance committee.**

10. Concerning *dental benefits* a change to rule 315 was introduced increasing to **2 years** (from one year) the unused portion of a participant's dental maximum that may be used to supplement reimbursement if the current year's maximum has been reached.

11. In addition to the changes noted above, it was agreed at the Joint Meeting that, in future, participants, upon request, could have access to the *Guidelines* that spell out in more detail how the Rules will be applied or interpreted by the Insurance Office and Surveillance Committee, and any limitations or ceilings not included in the Rules.

RECEIVE YOUR MONTHLY CREDIT UNION STATEMENT ELECTRONICALLY

PAHO/WHO Federal Credit Union members can sign up to receive their monthly account statements via e-mail. There is no charge for this service. You do not need any special software. If your internet browser is not one of the versions needed to access this information, both Netscape and Microsoft offer free download upgrades of their browsers on their respective home page.

Once you sign up for this service, you will automatically be notified by e-mail on the first day of the following month that your statement is ready, and you can access it by clicking on the link in the text, or by double-clicking on the "Pick Up eStatement" link on the Credit Union's homepage (www.pahofcu.org). If you opt for this method of receiving your monthly statement, you will not receive a paper version of your statement. You can switch back to the paper version of your statements at any time.

Under the Credit Union's eStatement program, monthly statements are available for 12 months. They are protected by the latest security measures.

How to sign up

To choose this service, you must fill out the eStatement Enrollment Form accessed through the Credit Union home page. Should you have a support question, it can be submitted online to the fcu@paho.org, or you can call 202/974-3453 or 866/724-6328.

AFSM EMERGENCY FUND

We informed you in our February 2003 Newsletter about creation of the Emergency Fund. The Fund is intended to be of assistance to members who, because of a variety of circumstances, might be temporarily faced with a financial difficulty. The aid would be in the form of either a grant or an interest-free loan, as determined by the Board of Directors, and on a one-time basis.

The Fund was established with an initial contribution from the regular budget of the Association in the amount of US$ 5,000 and has received subsequent donations from members. If you, or a member you know, should be in need, please contact the Board of Directors of the AFSM in Washington. Below are the criteria that have been adopted for the Fund.

Purpose

To help alleviate financial hardship in individual cases of proven emergency and need, on a one-time basis the Fund would make a contribution to help alleviate financial hardship due to illness, infirmity, or such other cause that may be determined acceptable by the Board of Directors. It is not available to supplement a pension that a former staff member might consider inadequate, and it would not be made on a recurring basis.

The aid would be in the form either of a grant or of an interest-free loan, as determined by the Board of Directors.

Process

The interested member should submit his/her request in writing to the Board of Directors. The request should be accompanied by documentation to substantiate both the need for assistance and the amount requested. The request will be treated with strict confidence and the Annual Report the President of the Association shall mention the number of cases, if

any, considered by the Board of Directors, but will make no mention of names.

Funding

The Fund would be established with an initial contribution from the regular budget of the Association in the amount of US$ 5,000. It would be maintained or replenished at that level by repayment of assistance loans, voluntary contributions, and/or by an annual allocation from the regular budget of the Association.

(Members have contributed an additional US$ 500 to the Fund.)

REPORT ON THE FIFTEENTH GENERAL MEETING

The Fifteenth General Meeting of the AFSM took place at PAHO Headquarters in Washington, D.C., on 18 November 2004. The meeting was called to order by Jaime Ayalde, President of the Association. He welcomed Eric Boswell, who represented Mirta Roses, Director of the Organization. A welcome was also extended to representatives from AROAS, IMF, AFICS (United Nations), IADB, and the World Bank Representatives from the PAHO Staff Association and the PAHO Credit Union were acknowledged as was Harvey Pritchett, who had traveled from Florida for the gathering. The presence of AFSM Founding President Hans Bruch was also noted.

Director of Administration Boswell greeted those in attendance on behalf of the Director, and commended the Association for providing a means by which retirees can stay in touch with each other and with PAHO. He noted the following subjects in his presentation.

PAHO budget. It has become difficult to maintain operations because of a very tight funding situation. The cafeteria will no longer be subsidized and will operate as a "pay-as-you-go" business. An attempt is being made to maintain service in the Travel Office while reducing the costs of operation. The Directing Council has approved the first significant change in how money will be distributed to member countries. Some will now receive more money and some less. Some offices will grow and some will shrink. Quota contributions are on a sound financial basis. All countries have agreed to payment plans and the working capital fund is almost full.

Ombudsman and Internal Auditor. Appointments for both an Ombudsman and an Internal Auditor have been proposed by the Executive Committee. Mr. Boswell has the responsibility for implementing this recommendation.

Working space. Offices at the Watergate have been closed and more staff have been moved to office space in the OAS building. The garage is in need of repairs and will be renovated next summer.

Carol Collado was elected to preside over the General Meeting. After approval of the agenda and the minutes of the Fourteenth General Meeting, Association President Jaime Ayalde presented his annual report, and it was approved by the assembly. He then asked Mr. Boswell to comment on the position of the PAHO Administration on the hiring of retirees as short-term consultants. Boswell responded by saying that the External Auditor recommended that PAHO establish a better and more competitive system to recruit and hire consultants. The Administration is working with the Staff Association to look into this recommendation. He also took the opportunity to state that it is in PAHO's interest to hire retirees and it will continue to do so. Maricel Manfredi recommended that the AFSM Board of Directors approach the Director of Human Resources concerning the possibility of AFSM being allowed to join in discussions on this important issue.

Treasurer's report. Luzmaria Esparza presented the Treasurer's report for 2004 and the proposed budget for 2005, both of which were approved as presented. There were questions from the floor regarding both the annual dues and the possibility of another retirees' reunion during the coming year. Jaime Ayalde noted that the dues are under consideration by the Board, and members will be advised of any changes. Concerning the possibility of a second reunion, he recalled that during the first reunion there was a motion to hold another such gathering in three years. The Board is actively involved in investigating possibilities, and again, members will be kept advised of their progress. Retiree Jacques Schettewi was warmly thanked for once again auditing the financial records of the Association.

Elections. The three-year terms of office of three Board members were coming to a close, and it was necessary to fill the three vacant posts. Carlos Daza, head of the nominating committee, noted that the three outgoing members, Jaime Ayalde, Jan Barahona, and Germán Mora, had indicated that they were candidates for election. He therefore submitted these three names to the assembly. Gerry Hanson was nominated from the floor, but he declined the nomination. The three outgoing members were then reelected to the Board for further three-year terms. In a subsequent discussion, the request was made to distribute the slate of nominees to the membership one month in advance of the meeting. It was also suggested that the terms of office of each Board member be indicated next to their name in the list of officers that appears on The Back Page of every *Newsletter*. Both motions were accepted.

Staff Insurance. Lupe Bowling reported on the Health Insurance Surveillance (SHI) meeting held in Geneva this past October. She noted that the AFSM health committee actively participated in preparations for the meeting and submitted proposals on behalf of all retirees. Among the AFSM suggestions that were approved in principle in Geneva will be that unused dental coverage can now be rolled over for an additional year. Refractive eye surgery coverage has also been expanded. There will be more flexibility in the coverage for hearing aids. The recommendations were expected to be approved in January 2005 by the Director General.

The PAHO contracts with Blue Cross and Pharmacare are to be reviewed with the idea of possibly putting the contracts up for bid in 2005. Next year it is expected that there will have to be an increase in the supplementary contribution to handle deficits. There was a brief discussion on the use of Medicare as one's primary provider. Finally, Ms. Bowling was reminded that AFSM had requested more transparency regarding the guidelines used in applying the Health Insurance Rules, which heretofore had been off limits to participants. She responded that there was unanimous agreement in Geneva that the guidelines should be made available on-line on the Internet.

The Credit Union was represented by Miguel Boluda and Patricia Vidal. Mr. Boluda noted that the Credit Union is very healthy. He announced that rules have changed and it is now possible for a retiree or family member to open an account even after retirement. Also, e-statements are now available, and members are encouraged to use them because mail fraud is a security concern.

Recommendations

- Study what members receive and would like to receive from AFSM.
- Be certain that the members feel that they are receiving something for their dues.
- Announce nominees for the Board one month before elections.
- Participate with the Administration, if permitted, in discussions on the hiring of consultants, especially as it pertains to retirees.

The meeting was adjourned at 12:30 and was followed by a luncheon.

TREASURER'S REPORT
INCOME AND EXPENDITURE REPORT
Period 1 October 2003 to 30 September 2004

INCOME				
	Membership Dues		$2,240.00	
	Donation		$350.00	
	Dividends & Rebates		$494.98	
	Other Income		$486.00	
	Total Income			$3,570.98
EXPENDITURES				
	Yearly Meeting Door Prizes	$300.00		
	Yearly Meeting Luncheon	$938.89		
	Transcription of Centennial Reunion Tapes	$600.00		
	Others	$791.93		
	Total Expenditures			$2,630.82
	Excess Income over Expenditures			$940.16

TREASURER'S REPORT
BALANCE SHEET
PERIOD 1 OCTOBER 2003 - 30 SEPTEMBER 2004

ASSETS			
PAHO/WHO Credit Union:			$32,691.90
Petty Cash		$2.76	
Accounts Receivable		$486.00	
			$488.76
	Total Assets		$33,180.66
LIABILITIES			
	Accounts Payable	$175.57	
	Total Liabilities		$175.57
EQUITY			
	Opening Balance as of 1 October 2003	$32,064.93	
	Excess Income over Expenditures	940.16	
	Total Equity		$33,005.09
	Total Liabilities & Equity		$33,180.66

HIRING OF RETIREES

One of the rights of the retirees is the right to have access to the open labor market, and it is the position of the AFSM Board that PAHO should not be excluded from this market, with due respect for existing limitations such as executive positions and vacant posts, which are understandably considered to be off limits for retirees. It was with great surprise and shock that the Board learned that the PAHO Staff Association, in its annual presentation to PAHO's Executive Committee, included an accusation that stated among other things that "*at present retirees are being employed for vacant posts in executive positions,"* that "*this is an issue affecting management in general,"* and that "*they discourage the staff in question, who are legitimately responsible for a subject, from taking the initiative, because these contracts are usually for carrying out tasks that are regular or that should be."*

The Board of Directors took exception to the statements made by the Staff Association, considering that they were unfair and are not backed by facts. Board members met with the PAHO Human Resources Manager and his senior staff, who showed them data indicating that during the years 2002 and 2003 only 5% of the consultants were former staff on short-term contracts, none of them in executive positions.

The number of consultants changes from month to month. On 30 August 2004 there were only 10 retired professional and general services staff employed on short-term contracts or "while actually employed." Not one was occupying a vacant post in an executive position.

In addition to discussing this issue with Staff Association officers, the President of AFSM made a presentation to the XV General Meeting of the Association in November 2004. Mr. Eric J. Boswell, Director of Administration, who participated in the meeting as Dr. Roses' representative, responded that no retirees had lost their jobs as a result of the Staff Association's actions, and no change in policies on this matter were being contemplated by PAHO, other than a revision of procedures for the hiring of consultants mandated by a recent administrative and financial audit.

MEMBERSHIP OF THE 2005 AFSM BOARD OF DIRECTORS

The Association is managed by a Board of Directors consisting of nine members elected from the membership at the annual General Meeting. The members of the Board serve overlapping three-year terms, with three Directors elected each year. Should a vacancy occur during the year, the Bylaws provide that the Board appoint a member to fill the vacancy until the next General Meeting.

The first Board, consisting of only seven Directors, was elected in December 1990. In December 1993 the Board reached its full complement of nine members. During the 15-year existence of the Association, 25 retirees have volunteered and been elected to serve on the Board. Of these, 13 have served for more than one three-year period.

On November 18, 2004 the Association held its Fifteenth General Meeting. On that occasion the general membership re-elected Jaime Ayalde, Jan Barahona and German Mora to the Board for another three-year period (2005-2007.) Subsequent to that meeting, two vacancies occurred on the board when Maricel Manfredi and José Teruel tendered their resignations. Both of these members had served the Board with distinction. In accordance with the provisions of the Bylaws, the Board was called on to fill the two vacancies until elections can be held at the next General Meeting in November 2005. The Board elected Carol Collado to fill the post

vacated by Maricel Manfredi, whose term was due to expire in December 2005, and Mario Boyer to fill the post vacated by José Teruel, whose term was due to expire in December 2006.

The composition of the 2005 Board is therefore as follows:

Through December 2005: Nancy Berinstein, Carol Collado, Hortensia Saginor.

Through December 2006: Mario Boyer, Carlos Daza, Luzmaria Esparza.

Through December 2007: Jaime Ayalde, Janice Barahona, Germán Mora.

THE NEW BOARD MEMBERS

Mario Boyer

Born in Buenos Aires, Argentina, Mario Boyer graduated from the University of Buenos Aires (UBA) with an M.D. degree and subsequently did postgraduate work at UBA in

Mario Boyer

public health. After receiving his degrees, Mario worked for Argentina's Ministry of Health, the National Investment Council, and as a lecturer at the University of Buenos Aires. With the support of the British Council, he continued his studies at the London School of Hygiene and Tropical Medicine, where he obtained his Master of Science in Social Medicine. Upon his return to Argentina, he joined the Latin American Center for Medical Care Administration.

Mario jointed the staff of PAHO/WHO in 1978 and was stationed in Guatemala City as a consultant in health service planning. In 1981, Mario was transferred to PAHO Headquarters in Washington, D.C., where he worked in the Division of Health Services (1981-1984), Human Resources (1984-1988), and Health Systems and Services (1988-1997). Since his retirement, Mario has continued to work as a short-term consultant for PAHO and other international organizations.

Mario has accepted a position on the Editorial Committee for the AFSM *Newsletter*, and will be responsible for its technical and health-related content. He has also been named to the Association's Health and Health Insurance Committee.

Carol Collado

Carol Collado was born in New York, New York, USA, and grew up in the neighboring state of New Jersey. She attended college in Rochester, New York, graduating with a degree in nursing. Her first jobs brought her back to the city of New York, where she spent several years working in different hospitals - Colombia Presbyterian, Cornell-New York, and Bellevue - before heading to the University of Washington on the West Coast for a Master's degree in nursing and teaching. Shortly thereafter she began her international wanderings, spending nine months traveling throughout Europe and meeting people, amongst them, José Collado, a Spanish artist who would become her husband.

After returning from Europe, she was contracted by PAHO as a consultant in nursing

education for the Dominican Republic, where she spent three years before being transferred to Mexico for four years. Family considerations (son Ian, daughter Elena, and elderly parents) brought a temporary halt to international activities for a time, but the opportunities came back in the late 1980s. At that time, Carol and her family moved to the Washington, D.C., area and she began a ten-year period of independent

Carol Collado

consulting with universities, PAHO (in human resources, health policies, and maternal and child health), and the World Bank in the areas of primary health care, family health, human resources, and nursing. An opportunity arose to direct a project to reduce maternal mortality, and Carol became PAHO staff again in 1996. One month after coming on board, she was asked to assume a temporary position as Coordinator, Family Health and Population, a post in which she was later confirmed, and from which she retired in December 2000.

Since retirement, Carol has finished her Ph.D. in Human and Organizational Development, returned to independent consulting, moved to Spain for several years, and come back again to the Washington DC area, where she is enjoying her time reading, gardening, and discovering "found treasures" at yard and estate sales, amongst other endeavors.

As a member of the Board of Directors, Carol has accepted the position of AFSM Members' Facilitator, a new position that is described below.

NEW POSITION: ASFM MEMBER FACILITATOR

Responding to an oft-expressed need, the Board has created a position of ASFM Member Facilitator for 2005, during which time it will study its role and usefulness to members before making it a regular position. New Board member Carol Collado has accepted to serve as Member Facilitator for 2005 (see The Back Page for contact information).

The Board envisions that this position will be responsible for:

- serving as facilitator in helping resolve problems that members might be experiencing (perhaps with BCBS, perhaps in the application of health insurance provisions, perhaps with your Credit Union account);
- identifying common member concerns and bringing them to the attention of the full Board and/or the pertinent authorities;
- promoting informed membership through information dissemination and other means (fact sheets, discussion groups on the upcoming website, local meetings or others), and recommending to the Newsletter Editorial Committee material that would be useful to members.

The Board would like to hear from members on any other areas of need that they feel could be addressed by the Facilitator.

Recalling Alma-Ata: Primary Health Care and Food and Nutritional Security

Carlos Hernán Daza

At the 13th Congress of Nutrition in Latin America, held in Acapulco, Mexico (November 2003), I had the opportunity to make a presentation on food and nutritional insecurity, emphasizing the role of primary health care (PHC) in achieving the global goal of Health for All (HFA).

This article touches on some elements of that presentation as a tribute to the 25th anniversary of the Declaration of Alma-Ata (1978), which is being observed by the countries of Latin America and the Caribbean, along with PAHO/WHO.

There are two interrelated strategic approaches: primary health care, and health promotion, viewed within the context of multisectoral action to prevent food insecurity, especially among groups at risk from natural catastrophes or political and social violence.

It is helpful to recall some important definitions in this area:

• *Food insecurity* occurs when an individual or group of people are malnourished because of inadequate availability of food, lack of economic or social access to food, or insufficient consumption of safe and nourishing foods.

• *Nutritional insecurity* is due to insufficient food intake in terms of the quality and quantity needed to meet nutritional requirements, and also the body's inability to use food efficiently as a result of disease or acute infectious processes.

• People suffering from *food insecurity* are those whose food intake is below their caloric and nutritional needs or persons with signs and symptoms of energy deficiency and a lack of essential nutrients, due to insufficient or imbalanced food consumption.

• In contrast, *food security* exists when all people have full physical and economic access at all times to sufficient safe and nourishing foods to meet their nutritional needs and food preferences, enabling them to lead active and healthy lives, as stated at the 1996 World Food Summit.

• *Food and nutritional security* is a positive concept that takes into account environmental, biological, and cellular aspects, with a view to contributing to human well-being and development. This definition incorporates the basic determinants of the process: food availability, access, acceptability, consumption, and utilization.

Unfortunately, the persistence of social, economic, and gender disparities, discriminatory practices and laws, floods, cyclones, droughts, and earthquakes, and, in some countries, insufficient allocation of budgetary resources for agriculture, health, education, and other social services, pose serious obstacles to ensuring food and the nutritional welfare of the population.

In addition, there are tens of thousands of displaced persons, civilian populations affected by internal armed conflicts, human rights violations, and inappropriate socioeconomic policies which heighten the vulnerability of these groups from a food and nutrition standpoint.

Against this backdrop and as part of food and nutritional insecurity prevention and control efforts, primary health care and health promotion strategies have been proposed and/or are in the process of implementation.

Primary Health Care

This strategy helps improve nutritional status by simultaneously targeting actions

aimed at infections commonly associated with malnutrition, the provision of safe drinking water, improvements in basic sanitation, immunization against common infectious diseases, and control of the most prevalent local endemic diseases.

Primary health care (PHC) in Latin America and the Caribbean is carried out with different degrees of effectiveness, depending on the political, governmental, and social commitment of each country.

In recent years, however, it seems that this important strategy has been loosing ground to approaches that favor economic rather than social interests, in which the supply-and-demand dynamic is the key factor in health services delivery.

Aware of the need to revitalize this strategy, the 44th PAHO Directing Council (September 2003) resumed debate on the role of primary health care in the Americas, which coincided with the 25th anniversary celebrations of the Alma-Ata Conference, where the slogan "Health for All by the Year 2000" was adopted.[1]

The ministers of health reiterated that primary care continues to be an objective as well as a very important strategy for reducing the disparities in health suffered by large segments of the population, especially low-income groups.

It is hoped that these statements will revive political will in the countries to reincorporate primary health care as the main strategy for achieving health for all and also contribute to the food and nutritional security of the population.

In addition, promoting the adequate availability and consumption of food and good nutritional status is one of the eight fundamental components of primary health care and includes direct outreach activities for people in the home, workplace, and health services, as well as coordination with other related sectors.

The health sector has an important responsibility in defining the nutritional objectives of economic and social development policies, and in the development and implementation of programs geared to improving the nutritional status of the population.

Health Promotion

Health promotion is the process whereby people are able to increase control over their health and improve it. In order to reach a state of complete physical, mental, and social well-being, an individual or group must be able to identify and fulfill their objectives, meet their needs, and improve or interact with the environment.[3]

Health is a positive concept that emphasizes social and personal resources as well as physical capabilities. Consequently, health promotion is a responsibility not only of the health but one that extends to other sectors involved in improving lifestyles, with the objective of achieving individual and collective well-being.

Health promotion means the capacity to formulate health policies. Health promotion, then, transcends mere health care. It must be incorporated into the agendas of sectoral planners so that they are aware of the consequences of their decisions and accept responsibility with regard to health.

Health promotion policy combines various complementary approaches that include legislation, fiscal measures, taxes, and administrative changes. It is a coordinated action targeting health, income, and social policies with a view to achieving greater equity. Joint action facilitates

better and more efficient health services and supplies, healthier public policies, and better environments.

Health promotion policy also requires that any obstacles to adopting the appropriate public policies in sectors other than health be identified, and that strategies to overcome them be developed. The objective is to help planners make the best possible choice among alternatives.

The health promotion strategy includes a series of principles that form the basis of several different strategies associated with numerous fields of knowledge, including anthropology, epidemiology, sociology, psychology, and other behavioral sciences, and the respective methodologies for its implementation.

Given the vast nature of this field of knowledge and the many actors participating in health promotion activities, WHO has persistently targeted this broad field, selectively channeling its efforts to areas with potential for the greatest impact on health.

From the standpoint of food and nutritional security, health promotion is a very broad field, which perhaps has not been sufficiently explored; nevertheless it is full of opportunities to strengthen the social and human contents expected of all actions in this field.

The promotion of healthy lifestyles and valid food and nutrition principles are part of the primary health care strategy, which can effectively contribute to achieving the food and nutritional well-being of the population.

Accordingly, it is important that the periodic political declarations on the importance of primary health care strategies and health promotion, made in the context of strengthening public and private-sector activities toward achieving health for all, result in real action by countries to benefit their populations.

International, bilateral, and voluntary cooperation are resources that should be optimized in designing, implementing, and evaluating actions to improve food and nutritional security under normal circumstances and in emergencies caused by natural or manmade disasters.

References

1. Report of the 44th Directing Council of the Pan American Health Organization, PAHO, Washington, D.C., 2003.

2. Conference on Primary Health Care, Alma-Ata, 1978.

3. First International Conference on Health Promotion "*The Move Towards a New Public Health*", Ottawa, Canada, 17-21. November, 1986.

In Memoriam

João Carvalho	15 December 2004
Roberto Bobenrieth	19 December 2004
Olga Verderese	26 December 2004
Miguel Angel Pineiro	7 January 2005
João Veloza	15 January 2005
Deny Fausto Souza	11 February 2005

REMEMBERING COLLEAGUES

Olga Verderese

Silvina Malvarez and Maricel Manfredi

It is with great sorrow that we inform you of the death, on 26 December 2004, of our colleague and dear friend, Olga Verderese, in Ribeirão Preto, Brazil. During

her work at PAHO, Olga occupied the posts of Nursing Adviser in Mexico and then Regional Adviser in Nursing Education in Washington, where she was part of the Human Resources Group.

Olga opened many doors for nursing education in Latin America and the Caribbean. She was a pioneer in advanced nursing education, promoting the incorporation of nursing education into university settings, both at the bachelors and masters levels. Her commitment to improving the education of nursing personnel led to insistence on the improvement of the preparation of auxiliary and community nursing personnel as well. Under her leadership, nursing obtained the collaboration and support of different grantors, including one of the first PAHO grants from the Kellogg Foundation.

Olga also stimulated the development of nursing research and the training of nurses in this area. This accomplishment was recognized in a ceremony which honored her contribution during the II Latin American Colloquium on Nursing Research, held in Mexico.

She was a strong advocate for multidisciplinary work and encouraged the inclusion of other professionals in nursing meetings and teamwork. She promoted harmonious development of the profession, insisting on the importance of integrating teaching and practice.

Upon her retirement from PAHO, Olga continued her contributions. In her country of origin, Brazil, she helped to carry out a research study on the establishment of a database on nursing resources, which stimulated the development of projects at regional and federal levels and demonstrated the importance of nursing participation in health services. This study was replicated at the Latin American level. She continued to support and participate in nursing activities both within the American Region and in Spain.

Olga will always be remembered as a friendly person with a broad education and knowledge of human resources who was committed to her profession. She is survived by her sister Lourdes, who also served as a nursing adviser, both in this Region and later in the Western Pacific, based in the Philippines.

Anyone wishing to send condolences may do so to Olga's niece:

Maria Helena Escobar
Rua João Gomez #640, apt. 154
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Ribeirão Preto
São Paulo, Brazil
CEP 14020-550

WHATEVER HAPPENED TO POLIO?

April 12 marks the 50th anniversary of the first successful polio vaccine. Explore the history of polio in the United States, development of the vaccine, current world efforts to stop polio transmission, and the story of survivors and the influences they have had on American society at an exhibit at the Smithsonian National Museum of American History (Behring Center), sponsored by the March of Dimes with additional funding provided by Rotary International and the Salk Institute for Biological Studies.

The exhibit will be open daily from 10 a.m. to 5:30 p.m., and admission is free.

For information, call (202) 633-1000, or visit online at americanhistory.si.edu/polio/.

THE BACK PAGE

AFSM would like to know about the needs of its members. We might not be able to solve all your problems, but we have resources that could be utilized. We might either help in some way or refer you to the right source.

We would also like to have your input to the Newsletter, either in the form of articles for publication or in comments on the content: What kinds of articles do you like? Are there some that should be eliminated? Are we missing something that should be included?

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