



NEWSLETTER

THE ASSOCIATION OF FORMER PAHO/WHO STAFF MEMBERS

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Some Volunteers AFSM: Violeta, Carol, Martha, Marilyn, Antonio, Hugo and Germán

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Editorial

We Are Becoming More Global

By Hernan Rosenberg



As we have been informing you over the past couple of years, your Association, together with our peers in all regions of WHO and in Geneva (WHO office) has established the Global Council of AFSMs.

It should be noted that, while our organization is over 30 years old, other regional AFSMs, like EURO, are in the process of formation and consolidation, so the older ones are supporting the newer ones, as there is value not only in solidarity with our colleagues, but also in representing a much higher number and diversity of people.

We have also reported that WHO's DG Dr. Tedros, has been very effective in supporting the institutionalization of the AFSM. What does that mean? Technically the AFSMs are like a private



club of former staff, without representation in WHO matters that affect them, such as pension or health insurance issues. There are seats for the retirees in some bodies, but these are individually appointed, not through a corporative approach. By comparison, the Staff Association sits on several committees, including selection processes and other matters of interest. The process of institutionalization is further complicated by the regional nature of WHO. In the Americas, we have enjoyed very good

relations with PAHO administrations, but that has been due to the good graces of those in authority. We are looking for explicit recognition that does not depend on people's disposition. Dr. Tedros is very interested that the process be global as well as regional. WPRO AFSM, and by October AMRO AFSM, will have a signed Memoranda of Understanding with their respective RDs.

All these matters, along with other issues of relevance, especially those concerning SHI for members living outside the US, were discussed at the generous invitation of Dr. Tedros in the first meeting of the Global Council of AFSMs that took place in Geneva, two days before the inauguration of the WHA. We had four previous meetings, but they were virtual.

All AFSMs were present, except for EMRO, whose representative had to cancel due to health reasons, but both she and her other Board members joined us by Zoom.

As outgoing Chair, we had the honor of opening the session and passing the virtual gavel to AFSM Geneva. Dr. Tedros, accompanied by four RD's, attended the meeting, PAHO/AMRO's RD Dr. Barbosa had not arrived yet in Geneva in time to attend.



I also had the honor of summarizing the regional progress on institutionalization based on information provided by all regions. Some are more advanced than others. We emphasized that this is a two-way street. The Organization supports us, but we also provide services, such as helping locate former staff missing their certificates of entitlement for the Pension Fund, and lately providing inputs for the Healthy Ageing Decade. In his speech, the DG reiterated his support and appreciation for the two-way relationship. He gave an overview of the upcoming WHA, noting the difficult political environment we are facing. The four RD's echoed his words and indicated their intentions to follow AMRO and WPRO in formally signing a MOU with their respective AFSMs.

The DG was honored with a plaque for his unconditional support of former staff, under the motto “Once WHO, always WHO”, that he has put into practice as much as possible. Additionally, he was presented with a portrait and a caricature, both made by former staff. He was very grateful for the recognition.



In the business part of the meeting, the main topic of discussion was SHI, with presentations by the staff in charge. The main issues had to do with the lack of responsiveness of the system and the complications of communication. We indicated that

this had been a big problem in our region. SHI is aware of the situation. As AMRO's SHI staff positions have been filled, quicker speed in answering former staff queries is expected. The computer system needs upgrading, and a bid has gone out to update it. This also should improve responsiveness. We thanked the explanations and indicated that we will continue monitoring the situation.

Finally, WPRO was elected to take over the Chair and organize the next Council meeting.

The exchanges among representatives were very informative and we have taken quite a few pointers from our peers. Hopefully, we have provided them some ideas as well. The environment was one of comradery, and we ended with a dinner in a restaurant that happened to have Cuban owners with whom we chatted in Spanish, of course.



The weight of the Council is starting to be felt, and we think it is going to be very beneficial for our members. I hope you will support our efforts in this matter.

The full report of the meeting will be posted shortly on our web page.



Welcome to New Members of AFSM

Rosetta Dawes - USA
Paulo Lyra - Brazil
Maristela Monteiro - USA
Carmen Sifuentes – USA

Health Insurance Update

By Carol Collado



The 77th World Health Assembly has come to an end with some advances, some disappointments, and some revolutionary proposals. The first notable achievement was the agreement on changes to the International Health Regulations (IHR). Many of the newly approved changes came about as a result of lessons learned through years of battling the global pandemic. These include the identification of core competencies needed by each country, the processes and procedures needed to confront such entities, the responsibilities of WHO and each country, dealing with international travel, and promoting equity and cooperation when the threat is global. A disappointment was that, despite much effort and work by countries over the past two years, an agreement on a Pandemic Agreement to prevent and respond to future pandemics was not ready to be approved. The good news was that, recognizing its importance for future generations, there was general agreement that efforts would continue to reach the agreement the world needs.

As multilateral assistance has decreased and several other entities have become major players in international health funding, financing of the World Health Organization has gradually changed. At the present time, only 13% of WHO's activities are financed by the general budget, with the remaining activities financed by special grants or earmarked donations. This severely limits the role WHO can assume in many circumstances. As a result, WHO launched its first ever "Investment Round" that marks the start of a year-long series of engagements and events, co-hosted by countries, wherein Member States and other donors will be invited to contribute funds to WHO's Strategy for 2025 through 2028 and show high-level political commitment to WHO and global health. Based on the recent estimations of a return on investment of US\$35 for each US\$1 invested in WHO, and the concomitant expectation that these actions would save 40 million lives, many countries responded favorably. This year's important call for contributions will coincide with the G20 meeting hosted by Brazil in November. The goal is to obtain 50% of core program budgeting by 2030.

We hope everyone was able to tune in to our **AFSM webinar on Long Term Care (LTC)**. This was a collaborative effort between two AFSM committees: Healthy Ageing and Health and Pension, with cooperation from SHI Geneva and PAHO through SHI and the Healthy Ageing Program. A wealth of information was shared by experts. Covered topics included: the history and present state of what is considered LTC and the insurances that cover this type of care, WHO SHI's history with LTC and what is presently under consideration, and our current SHI Rules and what is available through them to assist in the coverage of some of the LTC costs. The recording of this webinar is accessible on the AFSM website at

<https://www.youtube.com/watch?v=0lTuLwg93Hk>. Soon, you will also be able to access the recording of the SHI/Cigna webinar that was held on 30 July on “Eat Well, Move More, Sleep Better.”

The following is a compilation of some prevalent health risks about which we should be aware to maintain our healthy ageing!

Bird Flu

In the last Newsletter we mentioned Bird Flu and we just want to bring you up to date. There were increasing numbers of cases reported globally in different types of mammals. Although not common, WHO reported that as of the 5 June there had been 889 human cases worldwide since 2022. Of the 23 countries that reported cases, 19 were in the region of the Americas. (These are only the known cases as there is under reporting due to some countries not registering cases). Argentina, Bolivia, Brazil, Canada, Chile, Columbia, Costa Rica, Cuba, Ecuador, the Falkland Islands, Guatemala, Honduras, Mexico, Panama, Paraguay, Peru, the USA, Uruguay, and Venezuela have all cited cases but only Chile (1) Ecuador (1) and the USA (4) have identified human incidences. Reminder: human cases are almost always fatal, so caution is needed. Infected birds shed the virus through respiratory and other bodily secretions (such as through cow’s milk). People can breathe in the virus circulating in the air or by touching something with the virus and then touching the mouth, eyes or nose. Therefore, if you are in one of the affected areas, the best prevention is to avoid sources of exposure, and if that is impossible, then you should use protective measures such as masks, gloves, and sanitization of exposed clothing.

Dengue

At the end of May 2024, the reported incidence of Dengue in this Region is triple that of those reported in 2023, and we are just entering into the time of the year when the illness is most prevalent.¹ One of the contributing factors is believed to be increasing temperatures due to climate change and resultingly the changing geographical areas that support survival of mosquitoes. Areas in this Region with high incidence are Mexico, the Caribbean, and the Southern Cone, with Brazil reporting the highest number of deaths. Another reminder: Dengue is spread by the aedes mosquito (also responsible for Zika and Chikungunya virus transmission) that is active during both day and night hours. The best prevention is to avoid mosquito bites by using repellent, wearing protective clothing that eliminates exposed skin, and controlling breeding places around the home such as eliminating standing water, and using screens and air conditioning where possible.

Extreme Heat

A bit more than half of the population in the Region is entering into the summer season. The changes in recent years due to global warming and climate change have increased the population exposed to extreme temperature variations and in this season extreme heat. Those of us who are in the upper age brackets have increased risks of being affected due, in part, to having less protective skin, and many of us suffer from chronic non-communicable diseases that accompany our ageing process. Another factor is that, after four years of experiencing some degree of isolation due to the pandemic, people are

¹<https://www3.paho.org/data/index.php/en/mnu-topics/indicadores-dengue-en.html>

anxious to get out and are increasing their exposure through their participation in outdoor activities. Again, try to control your exposure when temperatures and humidity are high, by keeping your body cool, maintaining hydration, using loose fitting clothes, and keeping your eyes open for your vulnerable friends.

Respiratory Illnesses

The other half of the population is entering into the winter season and with that comes the threat of respiratory illnesses: colds, flus, bronchitis, pneumonia, among others. Respiratory illnesses are more common in the winter because the viruses and bacteria travel better in dry air. If you are affected, stay hydrated, use humidifiers, wash with soap and water, and seek medical attention if temperatures stay above 102° F (38,8° C) for four or more days or if you have respiratory distress. Do your part in keeping incidences lower by paying attention to symptoms if you have a cold or flu. Do not expose loved ones or others to constant coughing or sneezing, make sure touchable areas are disinfected, stay home and avoid spreading the illness, use frequent hand washing and hand sanitizers, and use masks if you believe you are contagious.

COVID

Finally, although we cannot totally ignore our need to keep a finger on COVID information, we are at least able to relegate it to the end of this column. From available information, globally, the incidence of cases, hospitalization, and deaths have decreased. Please remember from the last Newsletter the facts surrounding the reliability of reporting given that the disease is no longer considered a public health emergency. Some estimates, using wastewater measurements, reveal that reporting can be underrepresented by two to 19 times the actual situation. Mutations continue but their virulence would appear to be diminished, possibly due to increased vaccination or natural immunity from having experienced the disease. The Region of the Americas showed the highest decrease in incidence of all the WHO regions for the month of April, with the highest incidences occurring in the USA and Chile. The disease is still considered to be a major health threat. Research is continuing on Long COVID with possible connections to increased susceptibility to a number of other phenomena such as auto immune diseases, cancer and others but it is too soon to tell. Recommendations remain the same: be aware of yourself, and your immediate contacts, assess your risks, maintain vigilance, be up to date with your vaccinations, and do not become complacent!

And in closing, you are responsible for your health. Be safe, get some exercise and make sure you are not becoming socially isolated!



AFSM and Social Media

By Violeta Mata García

Facebook Site



It is an American online social media and networking service based in Menlo Park, California, created in 2004. Likewise, it has a unique advantage in time and response over other social networks, since posts and interactions are immediate and it is a flexible and broad-spectrum tool because it uses a more colloquial language, symbols (emojis), photographs, and videos, while synthesizing language or expressions.

For AFSM purposes, notices and notifications of any kind can be published and even broadcast live or delayed with cultural, technical, social, local, or international events. This tool is very useful for the four Committees of the Board of Directors, since courses, conferences, newsletters, official notices (blast messages), surveys, contests, and social events that promote knowledge and benefit of the community have been replicated. This account is private with access restricted to AFSM members.

Likewise, it has served as a means to attract new members to the AFSM, since many active or retired officials already have an individual account in this network. It has also helped to locate retirees whose DCE is pending.

You are welcome to join our Fb Site at:

<https://www.facebook.com/groups/afsm1/>



Fuente: www.iebschool.com - blog

Instagram Site



It is primarily a visual social network (*Insta from the English Instant, ref. to instant camera*), created in 2010 in San Francisco, California, where the user can publish photos and short videos and at the same time interact with other people's

publications.

The AFSM Instagram account has been created for a little over a year, is private and with access restricted to members of the AFSM.

This site is used by PAHO's Director and other Technical Units, the WHO Director General, PAHO Representations in the countries, United Nations Agencies, NGOs, and other institutions of interest to our community, where official, informative, and promotional videos and photographs are published for courses, conferences, contests, such as: "Science in 5 minutes", "Weekly PAHO Conferences 6 Courses", and others that promote the knowledge and benefit of our community.

Likewise, the recruitment of new members for the AFSM is promoted, since the community on this site is not the same as that of Facebook, with some exceptions.

You are welcome to join our Instagram Site at:

https://instagram.com/paho_who_former_staff?igshid=YmMyMTA2M2Y



Fuente: www.eluniversal.com.mx



The Third Journey of Life: Challenges and Opportunities

Part 1

By Sumedha Mona Khanna



“Getting old is not an option, but how we live is”.

Envision A New Story of Our Lives in our Older Years

Aging is indeed challenging, and it requires our strongest core to come forward to help us survive-and thrive- during this phase of life. It is also a time of great opportunity for emotional, psychological, and spiritual growth.

A Self-Enquiry – Preparing for The Third Journey of Our Lives:

Ten questions to consider as we face challenges as we age (beyond 60 years - also referred as the Third Journey of Life)

1. What does ageing mean to me? Am I comfortable with the idea of growing older?
2. What changes am I experiencing in my physical body and the state of my mind? What can I expect over the next 5-10 years? Am I gracefully accepting these changes or feeling uncomfortable and concerned?
3. What changes are occurring in my relationships - with my life-partner, my children/grandchildren, friends? How am I feeling about these?
4. Am I comfortable with the place/home where I live now? Is it adequate? Am I sufficiently equipped to meet my needs if they change? Do I have access to services that I need? Do I have access to some relatives/close friends/like-minded people?
5. Do I have enough financial resources to carry me through to the end of life? Am I managing my resources well?
6. Do I stay creative and mentally active? Do I notice any change in my state of mental wellbeing?
7. Am I carrying major regrets or feelings of unfinished “business” in my life? Does this occupy my mind much? Does it create anger or frustration?
8. Am I finding meaning and purpose in my life at this phase? Am I feeling joy and fulfilment?
9. Am I worried about death? Am I comfortable talking about this with my life-partner and close relatives? Am I prepared for the end of my life? Am I prepared for the end of my life-partner’s life? Am I prepared for living alone (when my life-partner dies)?
10. How would I like to be remembered? What legacy would I like to leave behind?

To sum it all up – Am I prepared for the uncertainties and changes that will come, and am I prepared to accept them and find new strength within myself to explore new and creative solutions?



A survey to assess members' awareness of WHO's Plan of Action for the Decade of Healthy Ageing

By Yvette Holder



In November 2023, AFSM conducted a survey of members to assess their awareness of and involvement with the four areas of work in the WHO Plan of Action for the Decade of Healthy Ageing, namely:

- Combating ageism by changing how we think, feel and act towards ageing.
- Cultivating age-friendly environments.
- Creating integrated and responsive health care systems and services.
- Ensuring access to long-term care for older people who need it.

To this end, questions were asked about members' interactions with their environments and health care services. Members were surveyed through emails. This was a self-selective, non-random sample. Prior to distribution, email blasts were sent to members advising of the forthcoming survey and requesting their participation. Members were given two weeks to complete and submit the survey.

While most questions were close-ended, one was deliberately open-ended to capture members' views on how PAHO can better promote the Decade of Healthy Ageing in their respective communities. To view the full report of the responses to the survey please go to www.afsmpaho.com/copy-of-healthy-ageing-envejecimiento

Brief Summary of Responses:

The response to this survey was lower than the previous one conducted in 2021, as just 97 of the 544 AFSM members responded. Survey fatigue could have contributed to this lower response rate. More than half of the responses were from the USA (53.6%), and approximately one-quarter were from South America. There were more female respondents than male (59.8% and 40.2%), compared to previous percentages of 58% and 42% respectively. Most respondents were in the 65-74 and 75-84 year age-groups (36.1% and 39.2% respectively).

1. Attitudes towards ageing

More than one-third (37.1%) of respondents were aware of attitudes or sentiments against ageing in their communities. This awareness was heightened among the 65-74-year-olds, where nearly half were aware (45.7%), but this lessened very much among older members, with 37.1% in 75-84-year-olds showing an awareness and 14.3% among the 85 years plus age-group. Awareness of anti-ageing sentiment was greatest among members living in South America, followed by those in Hispanic Central America and the Caribbean.

2. Age-friendly environment

Most respondents (82.5%) felt that their communities were age-friendly, allowing them to enjoy life despite their age or disease limitations. Age-friendliness of the community was only slightly lower in South America and for persons aged 75-84 years, but not significantly. Nearly everyone

(95.9% of respondents) was able to engage socially with family and friends. Nevertheless, more than one-third (35.1% or 34) of all respondents do limit their physical or social activity because of age. This percentage rises to 72.2% in persons aged 85 years or more, compared to 0% in under-65-year-olds, and less than 30% in members 65–84 years old. There was no significant difference among zones of residence. The reasons given seem to rest more upon limited physical rather than social activity. Two limitations on social activity were avoiding night functions because of difficulty of driving at night and having to care for a relative. Other limitations mentioned were reduced mobility/arthritis/leg pain/fear of falling, tiredness/weakness/unspecified health condition, old age, lack of sidewalks, feeling unsafe, and difficulty getting from one place to another.

3. Integrated and responsive health care system and services

Most (63.1%) of the respondents have access to person-centered care, 70.5% have access to coordinated health care, while (78.5%) of respondents have access to affordable age-appropriate health care services. But less than half (41.2%) of respondents have access to age-appropriate health care that is person-centered, coordinated, **and** affordable.

4. Long-term & other care options

Little more than half (55.2%) of respondents were assured of long-term health care, should they need it, with slightly worse options for members resident in Central America and the Caribbean (Hispanic and English) and for members aged 65–74 years. A little more than one-third of respondents (35.1%) did not think that they could access at-home assistance if needed. This was consistent in all age-groups but was lowest in South America.

Conclusions

Negative attitudes towards and sentiments against ageing are not negligible. That younger members are more aware than older members may be attributed to a heightened sensitization as well as a greater prevalence of such behaviors among peers within their cohort (or younger), while the reverse may be true for older respondents.

The responses to limitations in activity seem to imply a paucity of support systems for persons who may be physically or socially challenged. The lack of sidewalks, the insecurity and difficulty in getting from one place to another, the need to have company when walking or going anywhere, were just some of the issues mentioned when reflecting those difficulties. It is noted that there was little mention of mental health barriers, but it is reasonable to assume that if physical support is limited, so too is mental health support for older persons.

Of concern is the 58% of respondents who do not have access to age-appropriate health care that is patient-centered, coordinated, and affordable. A significant proportion of these respondents are in the 75–84-year age-group, now identified as an at-risk, potentially underserved sub-population.

Options for long term-care appear to be slightly more available in all regions but it is noted that response was lower among the 65-74-year-olds. It may be that this relatively younger cohort may not have yet considered the need for such care later in life. The additional need for at-home assistance was evident in nearly all regions. Further examination of the data revealed that

respondents aged more than 75 years in the USA were least able to access at-home assistance with 44% of them unable to get such help.

Follow-up Recommendations

The following are some areas for further study and action identified in the survey. For each topic we have provided the link for resources available on The decade of Healthy Ageing webpage.

1. How to change negative attitudes toward ageism, especially those that may be influenced by culture? *To explore and learn about ageism:*
<https://www.decadeofhealthyageing.org/topics-initiatives/other-initiatives/ageism-through-the-ages>
2. How to make communities more tuned-in to the needs of older persons?
To explore and learn about age friendly environments:
<https://www.decadeofhealthyageing.org/topics-initiatives/decade-action-areas/age-friendly-environments>
3. How to facilitate members' access to patient-centered, coordinated, **and** affordable health care:
To explore and learn about Integrated care for older people (ICOPE):
<https://www.who.int/teams/maternal-newborn-child-adolescent-health-and-ageing/ageing-and-health/integrated-care-for-older-people-icope>
4. How to facilitate members' access to long-term care and to prompt older staff and young retirees to plan for long-term care and how to encourage staff to plan for ageing, especially considerations such as long-term care including at-home assistance.
To explore and learn more about long-term care:
<https://www.decadeofhealthyageing.org/topics-initiatives/decade-action-areas/long-term-care>

Members added many suggestions, including:

1. Improve SHI service, making it more accessible, user-friendly, and supportive of long-term care.
2. Educate politicians, government workers, health professionals (including instruction on geriatrics in medical schools and institutions of higher learning), and PAHO staff and retirees, through webinars, newsletter articles, and various other media.
3. Conduct intense promotion of healthy ageing at community and national levels, with supportive legislation, and through networks and advocates.
4. Share widespread information through webinars, and dissemination of relevant publications and other information.

The Healthy Ageing Committee has included the full report and copy of the questionnaire on AFSM/PAHO website and can be accessed at: www.afsmpaho.com/copy-of-healthy-ageing-envejecimiento



Musings of An Ageing Woman – Number 11

Welcome Waldo

By Yvette Holder



I happily said goodbye to the Red Rover (my scooter) and wholeheartedly welcomed my new pain-free ambulatory state. The only problem was that the limb with the new hip felt shorter than its counterpart. This, despite my being shown during two post-operative visits X-rays in which it appeared that the girdle was level; this was meant to assure me that both legs should have also been level. The X-rays and apparent level pelvis may show one thing, but I knew that when I stood with my feet together, if my right foot was planted on the ground, my left foot lightly brushed the floor. Conversely, if my left foot was planted, my right leg would bend slightly at the knee. The result was a hop-and-drop gait, effective enough for getting from one place to another, but carrying with it challenges of equilibrium. Hence my need to use Waldo, my purple cane, trusty crutch, and ever-present sidekick, well almost.

The problem with Waldo was that as I became more comfortable with my new hip, I would venture off without him, and then as I tired, I would need him but not remember where last I had left him. I would rest him down to attend to something with both hands, and then move onto the next things and forget him, until.... The supermarket was the worst. He'd be either forgotten in the cart or left hanging on a shelf. I congratulate myself that unlike my friend who lost hers at COSTCO, never to be found, I always remembered where he was before it was too late. "Has anyone seen my cane?" "Where's my cane?" This happened with such frequency that my grandchildren christened the cane, Waldo. "Where is Waldo?" became a household catchphrase, and my grandchildren self-appointed Waldo guardians.

Waldo is not only a crutch, but he is also a most useful tool and a convenient weapon. He is great for closing car doors, fetching things that are just out of reach, scaring off iguanas and frogs as I walk around the lake – and so many other uses. Best of all, Waldo is a wonderful prop for evoking sympathy and enjoying the benefits of deference to age, from door openers to seat offerors. No wonder I can't divorce Waldo. The relationship has lasted nearly a year and it is still going strong. It will be a while before I can wean myself off Waldo.



My Land at the Beginning of 2024

By Juan Manuel Sotelo



It's been a year since I have come to Peru, something unusual for me since I visit the country more frequently. I didn't want to miss the Lima summer, which represents a change from the low temperatures of Washington, DC.

In my two weeks there I decided to resolve some personal issues such as preparing my will, making financial payments, and seeing friends, where in the latter case no form of fashionable communication can replace the personal touch, even with the much-used means to communicate issues of grief and even misinformation.

Coming to Peru is like taking the pulse of my country, and not just in Lima - a thriving and entrepreneurial cosmopolitan capital. This time I also chose to go north, to Chiclayo, Piura, Sullana, and Colán.

In Lima, I was surprised by the number of people of all ages that are doing exercise, from runners on the boardwalk near my house, to hundreds of surfers in the sea, to cyclists on ad hoc routes. I noticed people in parks being summoned by some exercise instructor or dance facilitator. There were dog walkers everywhere. And then I saw something that I had not noticed before, the walker makes the dogs run with great speed. It may be my perception or something else, but I noticed my countrymen were heavier and slimmer. Peru has always been a place where we like to eat delicious food and this well-earned prestige accompanies the international fame of having the best cuisines in the world. The food places here always have customers and I even saw several queues at the trendy places. In this country we are very innovative.

Yesterday, the soccer classic was played between Universitario and Lima Alianza. I noticed relatively low interest among people, not reaching the levels of fanaticism that I have seen in other countries. I was surprised that the day before the Super Bowl also took place in the United States, and it had much more coverage than the Universitario/Alliance Classic.

I have been in contact with my colleagues from the National Academy of Medicine and other university friends and school classmates. There is concern about the dengue situation and a panorama that would lead to deterioration if drastic prevention measures and information to the population are not adopted. Countries like Argentina and Brazil already have ongoing epidemics.

Today four ministers from the current cabinet of President Dina Boluarte were replaced, a reflection of the difficult governance that the country is experiencing with situations of violence, insecurity, organized crime, and, as if that were not enough, intense rains that forced the declaration of an emergency in 96 districts of 15 regions.

I arrived in Chiclayo, a city of around 600,000 inhabitants. It is the capital of the department of Lambayeque in northeastern Peru and is famous for being the entrance to archaeological sites, such as the Tomb of the Lord of Sipán, which is the best known and most visited. I traveled on a

morning flight that was on time and full of passengers. My cousin Alejandro was waiting for me at the airport and took me to his house, but only after driving poorly on paved streets with holes and avoiding hundreds of motorcycle taxis. This one-day visit was very medicalized since my cousin, who is an orthopedic surgeon, and his colleague, who is of the same surgical specialty, had to perform a highly specialized arthroscopic hip surgery that afternoon. So, they asked me to accompany them in the operating room. The experience was illustrative, and it is good to know that operations of that degree of complexity can be carried out in the interior of the country. My cousin and his colleague did a great job. I also visited Abelardo, my medical student classmate, who is a distinguished nephrologist; I was very pleased to see him and learn about his current endeavors.

In the morning of the next day, I traveled to Piura on a very comfortable bus that covered the distance between the two capitals in three and a half hours. The route crosses the Sechura Desert located between the Pacific coast and the foothills of the Andes Mountain Range. The desert is impressively arid, and it floods occasionally during the El Niño phenomenon; it has many carob trees that produce the carob, from which algarrobina is made, a honey used in sweets and cocktails.

Piura, capital of the department that bears its name, is the fourth most densely populated city in Peru, behind Lima, Chiclayo, and Trujillo. My godchild Fausto, a fellow doctor specializing in neurosurgery, was waiting for me at the bus terminal. Fausto informed me of the schedule to be followed for the three days that I would be between Piura, Sullana, and Colán. Again, I noticed the presence of holes in the streets, like in Chiclayo. They told me that it is a difficult issue to resolve due to the regular El Niño or La Niña floods.

We had lunch with my friend Alicia and her children in a restaurant on the outskirts of Sullana, looking at the Chira River. The menu included as an appetizer “mashed plantain clarito”, fish ceviche, and “malarabia”. Clarito is a process used prior to the fermentation of chicha, and it is very tasty; la malarabi is a fish stew on mashed banana, beans, and rice that is also tasty and different.

Sullana Province is one of the eight that makes up the Department of Piura, with the city of Sullana being colloquially called “the pearl of Chira”.

My friend Alicia and her children have the Virgen del Pilar clinic located in the center of Sullana and they invited me to the inauguration of their Comprehensive Rehabilitation Center, that attracted a large local audience, and where I recognized Carmen, an old girlfriend who I had not seen for 50 years. It was nice to find her. She runs the Sullana Museum and invited me to visit the small museum full of historical pieces, objects, books, and photographs.

Later we left with my colleague and her children for Colán, where they have a house on the beach that I visited on several occasions. Colán is a spa town located in Paita Province, with a population of 1,200 inhabitants. Its long beach has firm sand and a splendid sea, with deep red sunsets. It has the church of San Lucas, that was built in 1535 making it the oldest preserved church in South America.

The day we arrived, as well as the next day, was dedicated to enjoying the sea, visiting with my friends, and preparing meals with local products such as prawns and pork, among others. I learned how to prepare a “Chinese box” by cooking meats with charcoal as a heat source.

The return to Lima was without incident and as scheduled. Once again, I made contact with the academic community. I visited the Faculty of Medicine of the Universidad Nacional Mayor de San Marcos, where I was a professor in the eighties. The Dean summoned the Dean of the Faculty of Medicine of Catholic University of Arequipa and together we reviewed the situation of human resources in health in Peru, their quality and degree of coordination with government entities. We visited the Simulation and Learning Center that has computerized models for the entire spectrum of patient care, from birth to intensive care.

I had enormous satisfaction in visiting Dr. Uriel García at his home, who was Minister of Health during my first experiences in Peru’s Ministry of Health and who totally trusted me. At that time, I was 28 years old, and, at Uriel's invitation, I headed the General Directorate of Health Services for four years, with resources and influence at the national level. Dr. Uriel García is 101 years old and continues to make contributions to science and the humanities. Without a doubt, he is the person who contributed the most to my professional career.

I visited with friends from school and university. It was good to see them and learn directly about their situations and achievements. Our entry into our seventies is diverse in how it is expressed in health, work, and wellbeing.

My time in Lima and Peru was filled with highs more than lows. The objectives achieved on this trip were broad in nature, but above all, they are emblematic of my history and maturity, still a part of me despite my not living in the country.



Peru hurts because of its injustice; because of its ever-present differences among people; because of the critical situation in mining, agriculture, education, and health; and because of how poorly it is governed. I have no doubt that a new Inca is required who, with good sense and a firm hand, will reorient the course of this wonderful country where I was born and that I would like to see improve.

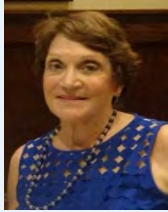
Photo: My cousin Alejandro Ortiz, two nurses Nancy and Sylvia, and Abelardo Gonzales, my medical school classmate

February 2024



My Journey on the Silk Road – Part 5, Music and Dance

By Marilyn Rice



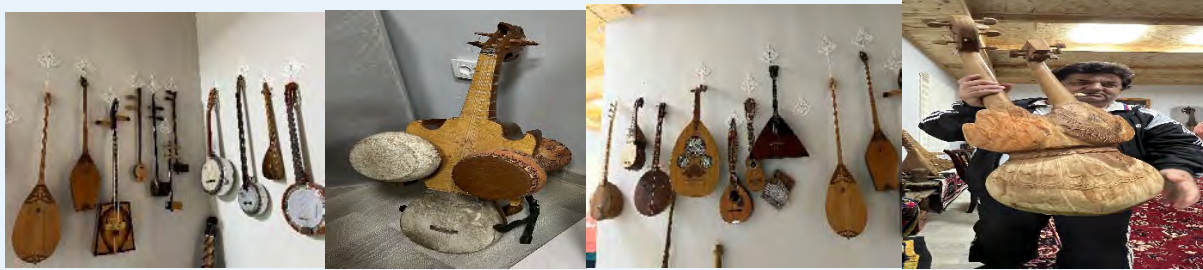
In Dushanbe we visited a **puppet theater**, that has won prizes for its performances all over the world since its founding in 1985. The building it occupies has traditional mosaics and its members welcomed us outside in the traditional way. The Ministry of Culture helps to financially support it; every Sunday it holds live performances, and it works with the Ministry of Education to provide non-stop performances during school holidays. Every two years the troupe participates in an international puppet festival using huge puppets and extra-large stages, and we saw the smaller portable stage and puppets used for traveling shows. We also witnessed a few performances of traditional stories as well as a 19-year-old contortionist and singer who was studying there after school.



19-year-old boy performing at puppet theater <https://youtu.be/6amkflp8gM>

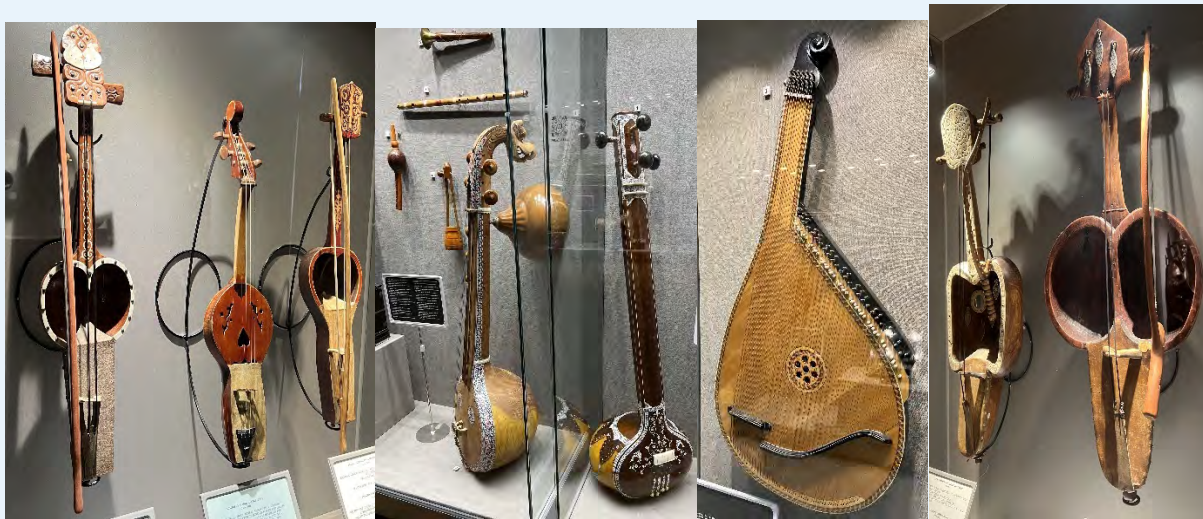
Pamir **music** has a long tradition dating back to the times of Genghis Kahn. We visited the small Gurminj Museum of Musical Instruments in Dushanbe, Tajikistan and a large one in Almaty, Kazakhstan. In the former we were treated to the playing of some of the old instruments accompanied by the singing of traditional songs. Additionally, on several occasions, we were treated to traditional music and dance. One of the highlights of the trip for me was a spontaneous flash mob of fellow passengers from Karakalpakstan in the Tashkent airport awaiting their flight to go to a music festival. <https://youtu.be/-rqxho4krWg> Surprise flash mob of traditional Karakalpakstan singers in the Almaty airport <https://youtu.be/hXpHvPKjXOQ>,

Gurminj Museum of Musical Instruments in Dushanbe:



Performance at Gurminj Musical Instrument Museum <https://youtu.be/iJiz8r-vPJY>

Instruments in Almaty Museum of Musical Instruments:



In Samarkand, we encountered a man who made many original instruments. He showed and played for us many of them. Notice in the background on the upper left of the videos there is a film of many of the instruments being made.



<https://youtu.be/xASoCucHZ0A>,

<https://youtu.be/FEnI8TWCrBs>, <https://youtu.be/d-5jSQb20zU>,

<https://youtu.be/AqVEkZJm49o>,

<https://youtu.be/9zwNv7SOpiQ>

<https://youtu.be/cobuZGOAlpQ>,

Traditional music in Almaty, Kazakhstan



<https://youtu.be/RfH9DqmzRak>,
<https://youtu.be/PCF97uQkops>

<https://youtu.be/N7rMVw4AxiE>,

Traditional music and dance in Nukus, Karakalpakistan, Uzbekistan



<https://youtu.be/PvRPPkf56-A>,
<https://youtu.be/1BK5q3O9Bq0>, <https://youtu.be/xanLxqU9bIk>

<https://youtu.be/XWiQ8jUBdxg>,

Traditional music in Bishkek, Kyrgyzstan



<https://youtu.be/fL7PmPW6m-w> Chanting part of the epic poem that recounts the story of the unification of scattered tribes into one nation. Reciting the whole poem can take up to four days; only specially chosen people learn to recite it entirely, but all Kyrgyz children study it in school.

https://youtu.be/v2X4W_3tzOk Mouth organ music; <https://youtu.be/XvmXyIr2X6U>, <https://youtu.be/hWjkyDEzXd4>, https://youtu.be/_IPkhyHBWwY different types of traditional music

Traditional dress and dance

Dress – Given that most of the populations were Muslim, I was expecting to see women wearing hijabs with their faces and bodies hidden behind reams of cloth; but this was not the case. Most women wore western clothes apart from brides-to-be and newly married women who wore beautifully embroidered dresses. Men tended to wear head coverings, either a skull cap, a square cap, or for winter big furry hats, and in Kazakhstan and Kyrgyzstan, we saw many men wearing a traditional Kalpak hat. The variety is endless. In the past it was possible to know from where someone came by the headgear worn.





Traditional Uzbeki dance: <https://youtu.be/jQMwQ2AH694>



Spontaneous dance at Lyabi-Khauz mosque, in Bukhara, Uzbekistan
<https://youtu.be/6e9rKu4a5E0>

Traditional dance in Bukhara, Uzbekistan

<https://youtu.be/64T7xcISc2Q>, <https://youtu.be/1Gz2s41r01M>, <https://youtu.be/aRfn7OXyn5c>



https://youtu.be/iMhUojbWb_M, https://youtu.be/5ooiOy-_WZY



In Memoriam

DEATHS INFORMED IN 2024 AND NOT PREVIOUSLY REPORTED

Concepcion "Conchita" Q. Diez - April 15, 2024

Itzhak Levav - May 20, 2024

John Ford - May 23, 2024

Article from AFSM Geneva newsletter: Anaemia in the elderly

By David Cohen¹



Anaemia is common in the elderly and increases with age. As it is often mild, it is relatively neglected. However, it is important to detect it as quickly as possible and treat it to avoid complications. Its origin is diagnosed in approximately two thirds of cases.

A short reminder about haematopoiesis

Haematopoiesis is the phenomena concerning the production, and continuous and regulated replacement of blood cells (white blood cells – leucocytes, red blood cells – erythrocytes, platelets – thrombocytes) which have a limited lifespan. Around 440 billion blood cells are produced daily. This considerable activity is ensured by a small population of bone marrow cells called hematopoietic stem cells, located in the flat bones (sternum, ribs, vertebrae, iliac bones) and in the epiphyses of long bones. The bone marrow is divided into yellow marrow – adipose and poorly evolved – and red marrow, the preferential site of haematopoiesis.

Certain elements are involved in haematopoiesis

- Vitamins, notably vitamins B12 and B9.
- Trace elements and minerals: iron, copper, zinc.
- Amino acids.
- Oxygen pressure.

Anaemia is characterized by a drop in the number of red blood cells and therefore haemoglobin (normal value in the blood, between 12 and 16 g/dl in women and between 14 and 18 g/dl in men). The body no longer receives sufficient oxygen, resulting in significant fatigue. Depending on the haemoglobin level, anaemia is classified from mild, moderate to severe.

Anaemia is a potential risk factor for Alzheimer's disease, so it is imperative to identify and treat it during ageing. This interrelation requires further investigation.

Anaemia can appear suddenly or may be chronic. It is not always easy to know the exact cause. It can be a sign of a deficiency in iron or vitamins B12 and B9,

due to an unbalanced diet. Certain medications and chemotherapies can also cause anaemia, as well as chronic inflammatory diseases, digestive bleeding or even kidney failure.

Age is an important risk factor: like all organs, the bone marrow ages, and can cause dysfunctions in the production of white and red blood cells and platelets.

What are the symptoms of anaemia?

The signs of anaemia are multiple, but often attributed solely to the age of the patients, which sometimes hinders the diagnosis. The elderly person may indeed feel tired and out of breath, but also experience dizziness, light-headedness, or even heart pain. Anaemia can also be observed in the skin and whites of the eyes, which are pale, or in the extremities, which tend to be colder than usual. Finally, the risks of falls, memory loss and difficulty concentrating are increased in cases of anaemia in the elderly.

How to treat anaemia in the elderly?

Treatment for anaemia will depend on its cause. If it is an iron or vitamin deficiency, a dietary rebalancing and/or the taking of food supplements may be prescribed to restore haemoglobin levels. If the anaemia is due to an iron deficiency, your doctor will prescribe it in tablet or drinkable ampoule form. In some extreme cases, an iron infusion may be necessary. For vitamin deficiencies, treatment will consist of taking vitamins orally or by injection.

Sources :

Revue médicale suisse

<https://www.revmed.ch/revue-medicale-suisse/2010/revuemedicale-suisse-270/l-anemie-du-sujet-age-une-pathologiefrequente-a-ne-pas-banaliser>

American Society of Hematology

<https://www.hematology.org/education/patients/anemia/olderadults>.

etc.

ⁱ We thank AFSM-HQ *Quarterly News* (<https://www.who.int/about/former-staff>) and the author for permission to publish this article.



Obituary for Itzhak Levav



“The psyche needs social support”

Itzhak Levav

By Adrián Diaz and Maria Edith Baca



On Monday, 20 May, in Jerusalem, Dr. Itzhak Levav left this earth, leaving behind an enormous void among those of us who shared with him some of his struggles to achieve support for mental health, human rights, and health equity.



Dr. Levav was an important public health figure in the Region of the Americas, a militant humanist, a tireless defender of the rights of people with disabilities, a rigorous researcher, a promoter of mental health policies in our Region, an active builder of bridges between the people of Palestine and Israel, a generous teacher, and an outstanding member of the PAHO family.

Originally from the City of Macia, province of Entre Rios, Argentina, Dr. Levav, or “Tuncho” as he called himself, graduated as a doctor from the University of Buenos Aires (UBA), and completed his training with postgraduate studies at McGill University in Canada and Columbia University, in the United States.

Once his postgraduate training was finished, he returned to Argentina to join the first and emblematic community mental health initiative led by Dr. Mauricio Goldenberg, head of Evita Hospital’s Mental Health Service in Buenos Aires Province, where he was entrusted with the task of organizing community health teams in Villa Jardín, a neighborhood of marginal conditions in the hospital’s programmatic area.

This experience, known as “El Lanús”, was brutally interrupted by the civil-military dictatorship of 1976, headed by the dictator Videla, who forced Dr. Goldenberg and many of the members of his team to go into exile to different countries in the region and the world.

At that time, Levav emigrated first to Israel and later to the United States to join the Pan American Health Organization in 1985, from where he tirelessly dedicated himself to bringing the community approach to mental health to a regional level. In this role, he joined forces with Dr. Juan Marconi Tassara in Chile, drew upon the reform processes promoted in Europe and on his own experience developed in Lanús. All of this was framed within the human rights approach established by international pacts and conventions.

Without a doubt, one of the most relevant legacies that Tuncho Levav left for the Region was his promotion of the Regional Mental Health Conference, held on 14 November 1990 in Venezuela, where the “Caracas Declaration for the Restructuring of Psychiatric Care in Latin America” was

signed. It has served as the cornerstone of reform processes that are carried out to this day in our Region.

Along these lines, Dr. Levav was one of PAHO's main promoters of incorporating human rights into its organizational chart since - as he said - the field of mental health was where the violation of rights was most clearly in evidence, opening up states to be sued for non-compliance with international pacts and conventions. This happened on many occasions, after Dr. Javier Vázquez, a young lawyer recently graduated from the American University in the United States, was incorporated into his team.

Additionally, his focus was broad enough to strongly support the efforts of another PAHO colleague, Dr. Nestor Suárez-Ojeda, who proposed going beyond strategies aimed at achieving child survival, delving into the promotion of early childhood development. Tuncho never tired of repeating that this was the main "vaccine against mental disorders in adulthood".

After retiring from the Organization in 1999, he continued to work actively on those causes that accompanied him throughout his life, starting with academics, where he contributed to the training of legions of professionals from the universities of Haifa in Israel, Nova in Portugal, and the Indian Law Society of Pune, India. He collaborated with his close colleague and friend, Dr. Benedetto Saraceno, Director of the WHO Department of Mental Health and Substance Abuse, who called on him to support the reform processes in different countries. He promoted research and scientific dissemination through hundreds of published articles, presentations in conferences around the world, and providing support wherever it was needed, whether to advocate for community mental health and the rights of people with disabilities or to collaborate with less "conventional" initiatives such as the call we made to him to participate in the "First International Forum on Art as a Bridge for Health", held in Lima in 2009, where he solidly established the importance of art as a public health intervention tool.

Likewise, faithful to his humanist principles, he embarked on another counterhegemonic crusade for the geopolitics of the Middle East, such as the creation of the scientific magazine "Bridges", whose editorial board was made up of Israeli and Palestinian academics and professionals, clearly betting on a peaceful coexistence between both peoples.

As it could not be otherwise, Levav was present at the regional conference, held in Chile 25 years after the Caracas Declaration, where he stated that "the emphasis on quality of care has a high chance of reducing the risks of violations. And, reciprocally, zealous respect for human rights raises the quality of care." Additionally, he warned that "there is an unfinished agenda," proposing that "only a solid alliance of all direct stakeholders" will allow the commitments made in 1990 to be carried out.

All of us who had the privilege of knowing him and sharing time with him treasure countless anecdotes and stories that reflect not only his attributes already mentioned, but that also characterize his sharp, intelligent, ironic, and sophisticated sense of humor as well as his rich and elegant mastery of prose, characteristics that one could say were from another era.

Tuncho's departure leaves us with deep sadness and a huge void. Also, it commits us to honor his legacy, continuing the fight for a better, more just, inclusive, and supportive world that embraces differences where people can coexist in peace.



Obituary of Leda Rosso

By Isabel Kantor

Leda died on 18 June 2024, just before reaching 96 years old.

Daughter of Italian parents, she was born in Cairo on 23 June 1928. She spent her childhood and adolescence there. She married and settled in Paris. Years later she emigrated to Argentina.



With her great-grandchildren

Leda joined PAHO in Argentina in 1958 as Secretary to the Administrator. When he retired, the Organization promoted her in 1966 to the position of PAHO's Administrator in Argentina, one she held until her retirement in 1994. Leda was the one who knew all the procedures and took action to resolve any difficulties. Thus, even after her retirement, she was required by the PAHO Representation and CEPANZO/INPPAZ to collaborate with the Organization in the oversight of multiple PAHO/WHO activities in Argentina.



Leda in 1990 in Argentina PAHO's office

Already retired, she joined AFICS, where she immediately became a key person due to her enormous will and ability to work. She did tasks to support members, disseminating information and providing personal help to solve problems for each person that consulted her.

She served as Secretary, Member of the AFICS Board of Directors during several periods, and its President for two successive periods between 2003 and 2007. At the end of her mandate, she continued to be a member of the Board of Directors as a Member. Leda represented AFICS Argentina, and AFICS Bolivia in the 36th Session of the FAFICS Council in New York (July 2007). A few years later, the Annual Assembly of AFICS members declared her President Emeritus.



With Ramón Tomé and Kuky Gandini

We hereby pay tribute to her memory. We especially want to highlight her deep humanism and spirit of solidarity.

Leda was respected and loved in all the areas where she worked throughout her life.





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