



# *The Western Port Channel*

## **The Rotary Club of Hastings Western Port**

**Celebrating over 40 years of service to the community**



Meeting information: Monday Evenings 6.00 for 6.30 pm. Hastings Club, Marine Pde, Hastings  
 Contact Details: PO Box 29 Hastings Vic 3915 Mobile: 0434193796  
 Email: info@rotaryhastings.org.au Website: http://www.rotaryhastings.org.au

Rotary International President:  
 District 9820 Governor:  
 Club President of Rotary Club Hastings Western Port:

Ron Burton  
 Tim Moore  
 Kim Kirk



### *Message from the President*

25th November 2013

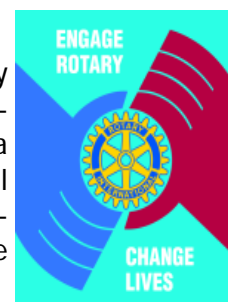
Rotarians,

I am hoping that this newsletter finds you in the best of health. I am sitting on my couch channel surfing and finding that Australia is doing well on every channel. Australia has just won the golf world cup, and Jason Day is the overall winner. For Jason a little joy after losing 8 members of his family in the Phillipian's storm. Then on Channel Nine the Australians are giving the English a lesson in how to play cricket. Channel Seven has the V8 with Whincup and Winterbottom competing for the checkered flag. (here I was just wanting a nice girlie movie).

Tonight we have a club night to discuss our accreditation so please come and be prepared to share your thoughts.

Last week we heard about Malaria and how that Rotary is helping out. Congratulations to those of you that got all the answers right on the quiz. We also heard that the best thing that can be done is having the people in malaria infected areas sleep under nets (which we found disintegrate when submerged in water so not good for fishing nets as once thought).

Look forward to seeing you Monday night.



*Kim*

### *This Week's Celebrations*

#### *Anniversaries*



#### *Birthdays*

Paddy Fincham 25th  
 Richard Reeves 29th



<http://www.ram.rawcs.com.au/>

## **Rotarians Against Malaria**

*The prevention of mortality, and a reduction in morbidity and social and economic loss caused by malaria through a progressive improvement and strengthening of local and national capabilities in malaria control.*



### **Program and Events**

#### **This Week's Meeting**

Speaker (s): TBA  
 Subject: TBA  
 Chairperson: TBA

#### **Important Dates:**

**Dates:**

# Tom Shanahan

*We were very privileged to have Tom speak to our club this week. If ever the true spirit of rotary is embodied in a man it is Tom. Someone who understands how to make a difference by collegially working together, not to hand out but to give a hand up. A truly inspiring talk.*

This is his message to us all.

## ON BEING A ROTARIAN

What does it mean to be a Rotarian?

Chances are this question, in one form or another, will pop up in discussions between a Rotarian and someone who is thinking about becoming one. It is the sort of question a Rotarian should like to have asked. Whatever is said in reply almost certainly will be drawn from the Rotarian's own personal experiences as a member of a Rotary Club.

A Rotarian believes in Rotary and in what Rotary stands for.

What Rotary stands for is stated in the Object of Rotary.

Above all, Rotarians believe in "Service Above Self", Rotary's international motto.

Rotarians believe in sharing Rotary with others.

**Being a Rotarian** means more than the sum of what a Rotarian believes about Rotary; it means maintaining high ethical standards in one's business, one's profession, and in one's personal life.

**Being an Rotarian** means having the opportunity to experience the warm fellowship of a Rotary Club which can greatly expand one's circle of acquaintance, foster lifelong friendships, and help one do for his or her community what he or she might never accomplish alone.

**Being a Rotarian** means to be actively involved in the affairs and service projects of one's club.

Rotarians look for ways to get involved.

Rotarians demonstrate the strength of their commitment to Rotary in the service they render to their club, through their club to the community, and through the Rotary Foundation to people throughout the world. **Being a Rotarian** is a way of life and can be a satisfying lifelong adventure for those who are willing to give of themselves to enjoy and benefit from all that Rotary has to offer.

**I am for one, very proud to be a Rotarian**

CP Tom Shanahan

PE 2014/ 2015 Morwell Rotary;

Zone 8 Board Member RGHF;

D9820 RAM Chair 2009/ 2019;

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Rotary

# Special Event's

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## Christmas Party

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### Join the Discussion

<http://us4.campaign-archive1.com/?u=c00758f7ac4b39c50a746d388&id=f5f83c7d09&e=2074982e09>

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***District 9820 Conference  
Bendigo  
14-16 March 2014  
BOOK NOW***

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### 2014 Rotary International Convention

<http://www.riconvention.org/en/2014/Pages/ridefault.aspx>

Register early and save for the Sydney RI Convention. Click on the above image to find out more on the 2014 Convention website.

#### The Rotary Four Way Test

Of the things we do....

1. Is it the truth?
2. Is it fair to all concerned
3. Will it build goodwill and better friendships
4. Will it be beneficial to all concerned



#### Rotary Grace

For Good Food, Good Fellowship, and the opportunity to serve through Rotary. We give thanks. Amen

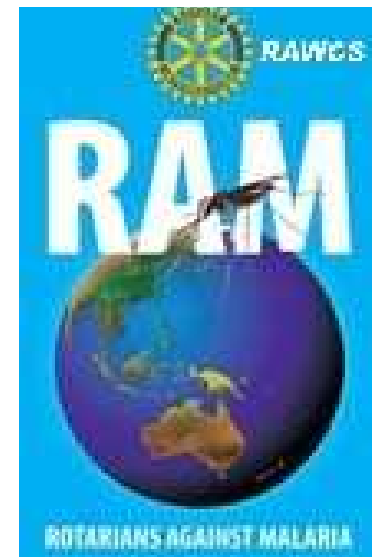
Since 2000, many countries where malaria is a serious threat have dramatically expanded and intensified their fight against this disease. As a result, deaths from malaria have dropped by 26 percent and the number of malaria cases has decreased by 17 percent. A great effort is now required to maintain these gains and to extend prevention coverage to all populations living in malaria endemic areas. Reducing the transmission and prevalence of malaria will provide the right conditions for the introduction of a malaria vaccine when it becomes available.

Malaria is caused by five species of parasitic protozoan's of the genus *Plasmodium* that affect humans. *Plasmodium* parasites are transmitted to humans by the bite of infected female *Anopheles* mosquitoes. Children under five years of age and pregnant women are most severely affected by malaria, as their immune system is less able to fight *Plasmodium* infection. Malaria is currently endemic in 99 countries, causing an estimated 219 million cases and 660,000 deaths per year, with about 80 percent of cases and 90 percent of deaths occurring in Africa. Malaria elimination is being pursued by 32 countries, while 67 countries are in the control phase. Since its inception, the Global Fund has been the leading international donor for malaria alongside the U.S. President's Malaria Initiative. Through its network of partners and recipients, the Global Fund has supported malaria programs in 97 countries. A total of US\$8.8 billion in funding has been approved since 2002, with about 70% for countries in sub-Saharan Africa. More than 310 million long-lasting insecticidal mosquito nets have been distributed by programs supported by the Global Fund, one of our heaviest and most effective investments. Yet the Global Fund has provided funding across the spectrum of interventions to ensure implementation of comprehensive national malaria control programs. Financial support to malaria diagnosis and treatment, as well as to fundamental health systems strengthening activities, have played a critical role in supporting the gains made to date. In spite of the impressive reductions in malaria deaths and cases worldwide, such progress remains fragile. Even short funding gaps of malaria control programs can have disastrous consequences, as malaria will rebound over the few months of a rainy season if control measures are relaxed. Furthermore, insecticide resistance in malaria mosquito vectors is on the increase and artemisinin-resistance has been identified in South-East Asia. Development of drug and insecticide resistance are causing concerns about losing key interventions in the fight against malaria.



## D9820 RAM Newsletter for November 2013

Please forward any information you may wish have published to Tom Shanahan, **D9820 RAM chair** at [koalabearweb@speedweb.com.au](mailto:koalabearweb@speedweb.com.au) or [koalabear2000@speedweb.com.au](mailto:koalabear2000@speedweb.com.au)  
Phone (03) 5135 3636 or M 0409 333 436



EVANSTON, Ill., Nov. 18, 2013 /PRNewswire-US Newswire/ -- Rotary International President Ron D. Burton is urging the humanitarian organization's 1.2 million members of its 34,000 Rotary clubs worldwide to assist victims of killer Typhoon Haiyan in any way possible, including contributing to **Shelter Box**, the international disaster response charity that is Rotary's project partner for disaster relief. "This disaster is exactly why we entered into our partnership with Shelter Box," said Burton. "It gives concerned Rotary members the opportunity to respond immediately and in a very meaningful way to the life-threatening conditions faced by the people of the Philippines." "It has been astounding to see Rotary clubs and Rotarians around the world mobilizing so quickly to support the people of the Philippines," said Becky Maynard, Shelter Box Director of Fundraising and Communications. "This overwhelming generosity is allowing Shelter Box to commit more life-saving shelter each day but the need remains huge. We are working directly with Rotarians in the Philippines and we have Rotarian Response Team members on the ground. The partnership between Shelter Box and the global Rotary family really demonstrates how, through service and support, we can make a real difference to people in their greatest hour of need." Burton continued: "Of course, clubs may also pursue other avenues: local fund raisers, food and supply drives, or giving to other established relief agencies. The important thing is that they do something – however big or small – to help the people of the Philippines come through this disaster. To members of the public not affiliated with Rotary, I invite you to engage with Rotary and changes lives by supporting whatever your local Rotary clubs are doing. We need all the support we can muster"

**Ron D. Burton RI President 2013/ 2014**

RAM will be standing ready to assist with bed nets to combat the following expected outbreak of Malaria brought upon by the volume of stagnant water (breeding ground for the dreaded 'Anopheles Malaria carrying Mosquitoes').







Nenelin at home with her new mosquito net.



### **On Malaria Awareness Day,**

**Nine-months pregnant Nenelin Jando, 28, carried life in her belly and the tools to protect it in a white bag on her shoulder. In the linen tote she received from a volunteer was a safe pregnancy package, which includes a long-lasting insecticide treated net that will help protect her, and her unborn child, from malaria. Nenelin with members of the two families living on her farm, all of whom are now able to protect themselves against malaria using the insecticide-treated nets that were provided to them. Malaria Awareness Day began with a parade – led by boys and girls in crisp blue uniforms – that wound through the village of Inayawan in Cebu City Philippines, inviting locals to come to the community center. There, farmers and**

**fisherman gathered to receive new long-lasting insecticidal nets, as Nenelin did. While poster making contests and dance performances drew a crowd, many villagers gathered to watch young and old alike give blood samples. Health workers were able to examine the blood on the spot and make an immediate diagnosis. Three out of the 50 villagers tested showed positive for malaria. Only a year ago, that rate would have been four out of five. Nenelin walked home to her fruit and vegetable farm after Malaria Awareness Day and hung her new blue mosquito net with the help of her husband, Romeo.**

**With her new net as well as the ones they already had, Nenelin has enough to cover all eight people who live in her home. And the soon-to-be ninth member, Ninepin's baby, will now be able to sleep safely too. Malaria has long been a deadly public health threat in the Philippines. In recent years, however, the country has made great strides in controlling the pandemic. In 2005 there were 150 malaria deaths in the Philippines.**

**By 2012 that number had dropped to 12. By the end of 2012, the Philippines had been able to declare 28 provinces “malaria free”. Certain parts of the archipelago, however, remain highly endemic, most particularly the remote areas, where accessing any kind of health care is difficult. And while the population as a whole living in these regions is susceptible to malaria, those living in the worst socioeconomic conditions – indigenous peoples, migrant workers, internally displaced people – are particularly vulnerable. Prevention is the key element, achieved primarily through long-lasting insecticidal nets such as the one Nenelin received.**

**The goal of the program is to provide at least 80 percent of all households a minimum of one net per family.**

**The nets are critical because not only do they prevent a person from being bitten by a mosquito, the insecticide on the net also kills the mosquito upon contact. Thus the nets serve not only to protect those sleeping under them, but can also decrease the burden of malaria on the community as a whole.**

**Diagnosis is another crucial element.**

**After all, not every high fever is due to malaria.**

**But, until recently, correct diagnosis was dependent on laboratory tests which require supplies and trained technicians which are frequently not available due to distance. In the absence of a definitive diagnosis, medical practitioners often treat with malaria drugs – which, if the fever and treatment serve to maintain the efficacy of the key ingredients in the latest generation of medicines, artemisinin based combination therapies, or ACTs. Fortunately, the recent development and distribution of rapid diagnostic kits has meant that a simple pinprick can deliver the answer in a matter of minutes. Rapid diagnostic kits are inexpensive, can be made readily available in even the most remote areas, and are easy to use. So easy, in fact, that the national malaria program for the Philippines will use part of their Global Fund grant to identify and train “*barangay*” – local community representatives – who will then provide diagnostic and referral services for their communities, making malaria diagnosis and treatment available even in remote places without regular health care facilities. The Philippines has made huge progress in their fight against malaria. Where as recently as ten years ago, the morbidity rate was 50.3 cases per 100,000 population (37,469 cases of malaria reported in 2002), that figure has now decreased to 8.24 cases per 100,000 population – a greater than six-fold reduction. While these successes are impressive, it is very important not to become complacent in the face of malaria. If control measures, such as the renewal of outdated nets, are not maintained, malaria can resurge rapidly. But even if such measures are maintained, merely controlling the disease is not enough. Prolonged use of standardized prevention methods can lead to resistance – the mosquitoes becoming resistant to insecticides and, more alarmingly, the resistance of the malaria parasite to any known form of treatment. The ultimate goal is the elimination of malaria, and the Philippines’ national plan targets elimination by 2020-2025.**

### **CURRENT AUSTRALIAN BACKGROUND.**

**Malaria is a serious health problem in many of the countries from which refugees come to Australia. Anopheles mosquitoes capable of transmitting malaria are present in the far north of Australia and in these areas, the detection and appropriate treatment of malaria is vital, not only for the health of the individuals and their families, but as a significant public health issue. Most malaria does not follow the classic pattern of periodic fever with paroxysms of cold, hot and sweating stages. There should be a high index of suspicion for anyone from an endemic area presenting with fever, vomiting, diarrhoea, headache and/or muscle pain, even if they have been tested or treated for malaria. What is most likely to be a nonspecific viral illness in someone who has never left Australia might be an urgent life threatening illness in a recently arrived refugee. Therefore all refugees from endemic areas, whether symptomatic or not, should be screened as soon as possible after arrival. Appropriate treatment is expensive and should be monitored by a hospital, but can be done as an outpatient in some individuals. Follow up with thick and thin films as a ‘test of cure’ should be done at 28 days.**