

The Timeball

Official Bulletin of the Rotary Club of Williamstown
Rotary District 9800
Rotary International Club Number 7208

Rotary Year 2019-20

Date 13 April 2020

President's Report

Welcome everyone to our third Zoom meeting. We will have our first Zoom Board meeting Thurs 16 April at 7pm, Brad has kindly agreed to host.

PETS training session will be conducted through a Zoom session on Sunday 3 May and the District Assembly on Sunday 24 May.

This evening we will hear from our guest speaker, Lien Trinh, one of Australia's experts on trachoma. At our Board meeting we will seriously consider supporting the project this year.

Lien Trinh, Project Manager end Trachoma 2020

Lien thanked Murray for inviting her to talk this evening. And the opportunity to present updates on the latest developments in trachoma. (Murray and Kerry Kornhauser have been directors of EndTrachoma since 2016.)

Trachoma is the world's leading cause of infectious blindness. It is caused by the bacterium *Chlamydia trachomatis* and creates swelling under the inner eyelid. Repeated episodes of infection lead to scarring. The scars cause eyelashes to turn inward and scratch the eye, producing intense pain made worse by blinking. Eventually, if left untreated, the scratched cornea becomes cloudy, and irreversible blindness follows.

Trachoma spreads by personal contact (via hands, clothing, towels or bedding), or by flies in contact with infected discharge from the nose or eyes of children's faces.

Apart from existing in some of the world's poorest countries, Australia is the last developed country where trachoma still remains a problem. It isn't found in mainstream Australia, but lingers in remote Indigenous communities, where there is poor sanitation, overcrowded households and low personal and community hygiene. Young children are particularly at risk.

International and Australian efforts to eliminate trachoma use the World Health Organisation developed strategy, a combination of interventions known by the acronym SAFE: Surgery for trichiasis (inturned eyelashes), Antibiotics, Facial cleanliness and Environmental improvement. Australia made great progress when it began funding treatment for trachoma, however personal and community hygiene needs to be improved, otherwise trachoma will bounce back.

Keeping every child's face clean, and ensuring functional and appropriate wash facilities are available for the community is essential. Improving hygiene will also reduce other common, serious infections.

Lien's Background

Was a practising optometrist, graduating in 2004. She wanted to work in overseas development, so visited Sri Lanka, Vietnam, Papua New Guinea, where she trained doctors and nurses in eye care to improve eyesight and to prevent avoidable blindness.

When she returned to Australia she was offered opportunity to work in the Outback. When she visited the NT and remote communities, she was shocked. Coming from a refugee family to the "lucky country" in the 1980s, she never expected to see such poverty in these places. As a clinician she felt ill equipped to manage some of the issues she saw. She wanted to do something more impactful on a bigger scale.

Serendipitously while out bush in 2013 she applied and was awarded the inaugural D9800 Global Grant from the Rotary Foundation to study a Masters in Public Health at the London School of Hygiene and Tropical Medicine. She spent a year in intense study to look at social determinants of health and how people work in community development to create change in a very impactful way. On returning was given opportunity to work with Professor Hugh Taylor at Indigenous Eye Health Uni of Melbourne.

She subsequently learnt about trachoma. This disease had disappeared from mainstream Australia over 100 years ago but still persisted in some of remote indigenous communities. Apparently, Australia is the only non-developing country in the world where it still persists. In 2006 the Rotary Club of Melbourne approached her to investigate whether supporting the elimination of trachoma would be a worthy project for Rotary clubs around Australia to collaborate and support. She wasn't sure whether elimination required further support. But knew that there had been extensive investment from Australian government into the elimination of trachoma.

Prof Hugh Taylor facilitated an invitation to a World Health Organisation meeting in 2016 in Sydney. WHO organise a meeting every year and for the first time this was held outside the Geneva headquarters. This move was sending clear signals to Australia to say emphatically, look if anybody shouldn't have trachoma, it's you guys. Lien spoke to many stakeholders at the meeting about what

was happening in Australia's elimination of trachoma phase. What she learnt made her feel very optimistic. She saw a huge scope for Rotary to become involved. Since 2009 Australia has invested significant funding in elimination. Before this, none existed. In 2009, the Australian government committed to eliminating trachoma by 2020. Since then, trachoma rates in endemic areas have fallen from 15-20%, to 4.6% in 2015. The number of infected communities fell from 200 to 50, with hotspots still remaining mainly in and around Central Australia.

So in under a decade have been able to close the gap significantly. The closing of the gap has focussed on treatment of trachoma, antibiotics and surgeries to prevent blindness. Where there was a huge deficit were preventative strategies which meant there was not a significant investment in environmental health and education.

This is where Lien saw Rotary's involvement. She saw further investment was needed to eliminate trachoma in Australia. It certainly meets Rotary's Four-way test: It is the absolute and unfortunate Australian truth that it exists in our community but we have the capacity to do something about it; it is fair, it is the right thing to do that we intervene when we see something not quite right; it does intend to build goodwill and friendships. It does so not just between indigenous and non-indigenous Australians but across the Rotary network in Australia. She was surprised to learn when she first started the project how segregated the clubs were. Now she is very excited at the amount of work already done to increase the club collaboration between Rotary districts in the country.

Now have District Champions from most Australian Rotary districts. Majority of Australian Rotary districts are on board and represented at monthly meetings. Because the project builds such goodwill and better friendships among Rotarians and among the community, she believes it will be beneficial to all who become involved and get on board with ending trachoma by 2020.

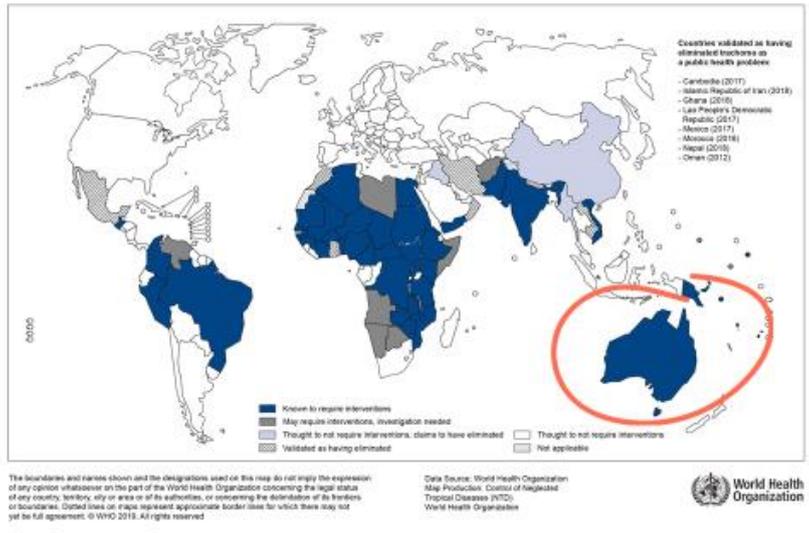


The SAFE strategy is what the World Health Organisation endorses to work towards global elimination.

1. Surgery, to reposition the eyelashes so that they don't scrape the front of the eye
2. Antibiotics, to treat active infection
3. Facial cleaning, to reduce possible transmission through nasal and ocular secretions
4. And Environmental improvements, to ensure that access to the infrastructure required for basic hygiene and sanitation is available to individuals and communities.

Trachoma – Where is it?

Status of elimination of trachoma as a public health problem, 2019



www.endtrachoma2020.org.au

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As you can see, trachoma tends to affect the poorest people in the poorest places in the world.

Australia is the outlier here, being the only high income country where trachoma still remains endemic. (Endemic meaning greater than 5% in the 'at-risk' population).

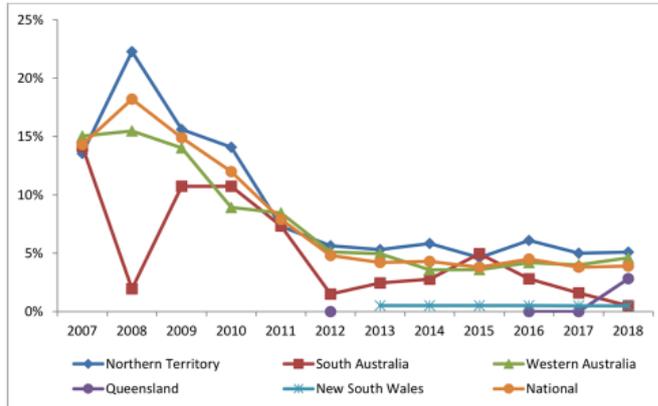
1. It is a public health problem in 44 countries, and is responsible for the blindness or visual impairment of about 1.9 million people.
2. Based on March 2019 data, 142 million people live in trachoma endemic areas and are at risk of trachoma blindness.
3. Blindness from trachoma is irreversible.
4. In 2018, 146 112 people received surgical treatment for advanced stage of the disease, and 89.1 million people were treated with antibiotics. Global-level antibiotic coverage in 2018 was 50%.
5. Trachoma is hyperendemic in many of the poorest and most rural areas of 37 countries of Africa, Central and South America, Asia, Australia and the Middle East.
6. As of 4 April 2019, 13 countries had reported achieving elimination goals. These countries are: Cambodia, China, Gambia, Ghana, Islamic Republic of Iran, Iraq, Lao People's Democratic Republic, Mexico, Morocco, Myanmar, Nepal, Oman and Togo. Eight of those countries – Cambodia, Islamic Republic of Iran, Lao People's Democratic Republic, Ghana, Mexico, Morocco, Nepal and Oman – had been validated by WHO as having eliminated trachoma as a public health problem.



Overall Prevalence trend 2007-2018

National Trachoma Surveillance and Reporting Unit 2018 report

Figure 1.6c Overall prevalence of active trachoma among children aged 5-9 years by jurisdiction, Australia* 2007-2018



* Most recent estimates carried forward in all communities that were considered at risk at some time since 2007

www.endtrachoma2020.org.au



In Australia, the Kirby Institute collect and report on national data relating to trachoma. The graph above displays the trend in trachoma rates since the National Indigenous Eye Health survey.

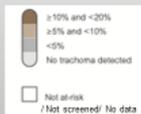
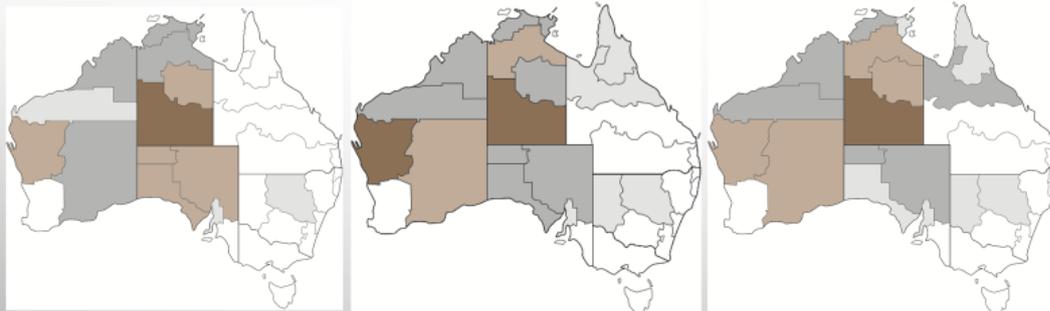


National overall trachoma prevalence trend 2016-2018

2016 overall prevalence 4.6%

2017 overall trachoma prevalence: 3.8%

2018 overall trachoma prevalence: 3.9%



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This picture represents the prevalence trend of trachoma since we began our work in trachoma.

SA can be seen to be steadily improving, WA wavering, and the NT trachoma rates have generally remained steady over the past few years.

Initially, much of our work was focused on working with stakeholders in the APY lands in SA and around central Australia in the NT, but over the last year, we have formed strong partnerships with the #endingtrachoma environmental health program in WA and complemented their work with a number of resources.

Project delivery 2017-2019

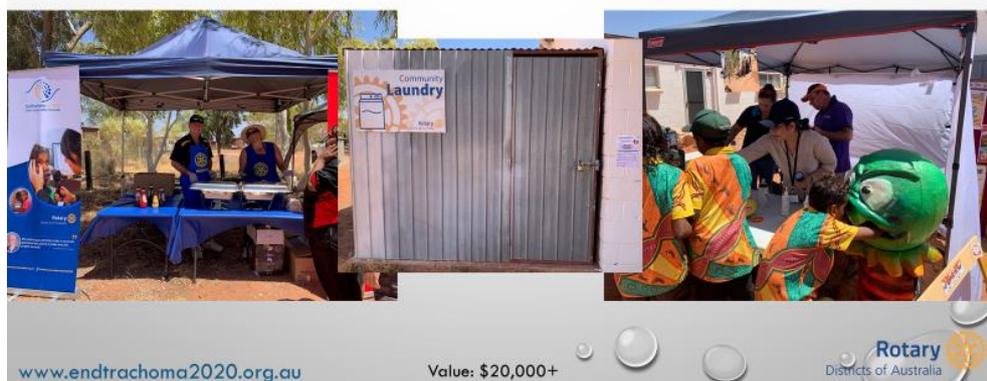


These flyers were released throughout the last few years to demonstrate some of the projects we have supported and delivered.

EndTrachoma began by initially joining the Australian Trachoma Alliance to support communities from the ground up. We have also developed strong partnerships with programs focused on the prevention of trachoma. WA particularly have a strong Environmental Health Trachoma project which we have complemented with a number of resources including self-care products, mirrors and bathroom hooks, and very soon, 10 000 bath towels.

We can't go into detail about every project we've delivered to date, but we're able to showcase in this presentation a number of key ones...

Ltyentye Apurte (Santa Teresa)



In March 2019, we opened the Santa Teresa Community Laundry in partnership with local social enterprise AAC with a Rotary community BBQ on site. We also had the support of health services in Alice Springs including the largest Central Australian Aboriginal Health service, NT Environmental health and NT health.



National Mirror Project



Mirrors:

- WA, SA and NT
- Delivered via environmental health services and housing
- To date, 2410 packs = 7230 mirrors delivered

Towel hooks:

- 2428 towel hooks delivered via the WA environmental health trachoma program



www.endtrachoma2020.org.au

Value: \$50,000+



One of our most accepted and successful projects to date has been the simple installation of acrylic mirrors in homes, at both child and adult height. Hard to believe, but mirrors are not a common asset in homes, as housing departments don't deem such items necessary. Mirrors however, can act as strong catalysts for self-directed behavior modification, contributing to self pride. Our mirrors were initially piloted in the APY lands, and have been rolled out with the support of Bunnings in all three at-risk affected jurisdictions. Towel hooks had also been noted by the WA environmental program to be missing from homes, and have been supplied with the support of Bunnings and 3M.



Health Software and Hardware Support



500 Towels and facewashers for Ngunampa Health Council's Health Hardware packs



900 Pinchapoo hygiene packs to NT Health promotion and Ngunampa Health Council



450kg Rotary Sukin donations to NPY Womens Council Youth programs, and Environmental Health Trachoma Program, WA

www.endtrachoma2020.org.au

Value: \$5000+



Health software refers to what one needs to know, and hardware refers to the things one needs in order to act. Both are needed for sanitation practices to change, and we have delivered many Rotarian donations of towels, facewashers, soaps and self-care goods to trachoma affected communities to support health and education programs which prevent trachoma. We continue to receive requests from schools and health services for health hardware.

Portable Water Tanks, APY Lands SA



Pipalyatjara Sorry Camp, 2019

3 portable water tanks (collaboration with SA Health, Nganampa Health Council, RASAC, Ross Engineering)

Value: \$20,000+ per tank



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Community infrastructure is just not equipped to handle population fluctuations that occur in remote communities due to major sporting events, Sorry camps (up to month long rituals held with the death of community members) or community gatherings.

In response to the increased rates of infectious diseases that occur at such events due to lack of access to sanitation infrastructure, we collaborated with Nganampa Health Council, SA Health, Department of Prime Minister and Cabinet, RASAC (a local community based repairs and maintenance organization) and Ross Engineering to deliver 3 portable water tanks to the APY lands, completed in late 2019.

What Does 2020 Look Like?

We will continue to:

- Understand the needs and aspirations of communities
- Support enablers of good hygiene practices in communities
- Eliminate trachoma through continued advocacy of **sustainable** prevention initiatives

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Undergoing Implementation 2020

- Environmental health worker, Central Australian Aboriginal Congress and the Fred Hollows Foundation (\$50,000)
- Bath towels to the WA #endingtrachoma program (\$50,000)
- Titjikala health hardware on community services (\$30,000)
- Improved water access to Laramba Sport and Recreation Hall (\$12,000)



Drawing courtesy of students in Titjikala, through work done with NT Environmental Health

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How Might You Help?

1. Raise Awareness
2. Contribute to something on our wish list
3. Collect stamps
4. Follow us on Facebook to stay updated



[@endtrachomaby2020](https://www.facebook.com/endtrachomaby2020)

www.endtrachoma2020.org.au

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Get your Rotary Club to become a Peacebuilder Club.

It is easy to do and opens up a lot of opportunities for projects.

Put your Club on the Peace Map!

You can find out about Peacebuilder Clubs here:

<https://www.rotarianactiongroupforpeace.org/peacebuilder-clubs-2/>



Contact the District 9800 Peacebuilding Committee.

We can provide information about peace, make suggestions for projects, connect you and your club to external partners and more.

Email Gabe Hau at ghau@optusnet.com.au to start the conversation.

Remember we are all in this together so stay healthy, eat well, be kind and support each other.

Look after your fellow Rotarians and club members.

Melissa and I look forward to seeing you on line in the short term and then in person once the restrictions are lifted.

Grant and Melissa

Grant Hocking ASM (Melissa)

Woodend Rotary

District 9800

District Governor 2019-2020

Email: granhocking64@gmail.com

Phone: 0429 802 722



Protect yourself and your family - wash your hands regularly



• ONLINE VIDEO CHATQUETTE •



HOSTING WELCOMING, INCLUSIVE GATHERINGS ON THE INTERNET



HIT THE MUTE BUTTON IF YOU'RE NOT TALKING

This gives whoever is speaking the space to be heard. It also means you can say 'ooh big stretch!' when your dog wakes up from their nap... and no one will hear it.



WAVE AT PEOPLE AS THEY ENTER THE CHAT

A friendly wave and a smile is a non-interruptive but welcoming way to greet people as they enter the video chat, especially if someone else is already speaking!



BE KIND TO ONE ANOTHER

This one probably seems a bit obvious, but it's important to recognise that some people are more confident with technology than others and for some, your gathering may be their very first. Be patient, gentle and kind. But probably don't blow kisses.



TAP YOUR EAR IF YOU CAN'T HEAR SOMEONE

There's a high chance that someone might forget they've muted themselves at some stage, so a gentle, non-intrusive way to remind them that they're muted is to tap your ears. Hopefully they won't think you're initiating a game of Charades.



RAISE YOUR HAND IF YOU WANT TO SPEAK

If there are quite a few of you on a video chat and the conversation is booming, it might be handy ('scuse the pun) to raise your hand when you have something to say. A bit like an invisible talking stick.



PROP YOUR SCREEN UP IN ONE SPOT

The last thing you want to do is cause your fellow video-buddies some sea-sickness by moving around too much. We recommend propping up your phone or laptop in one spot so you reduce the amount of motion and hopefully avoid seeing these kinds of faces looking back at you.

Calendar of Events

Monday 20 April	RCW Zoom meeting (Guest speaker Gabe Hau, past president of E-Club Melbourne on Rotary's Peace Building Clubs)	7pm
Wed 22 April	District 9800 Zoom meeting	6-7.30 online
Monday 27 April	RCW Zoom meeting	7pm
Wed 29 April	District 9800 Zoom meeting (Guest speaker Andrew Crisp, Emergency Services Commissioner)	6-7.30 online
Monday 4 May	RCW Zoom meeting	6-7.30 online

*District Zoom meetings – click on <https://zoom.us/j/103410322> .

Next birthday

Thursday 23rd – Beres Martin



The Rotary Club of Williamstown, District 9800

<i>President:</i>	<i>Eddie Knight</i>	<i>Treasurer:</i>	<i>Nils Oman</i>
<i>Secretary/ Public Officer:</i>	<i>Jo Walker</i>	<i>Foundation:</i>	<i>Chris James</i>
<i>Membership Development:</i>	<i>Damien Hynes</i>	<i>Club Service:</i>	<i>Guy Chatain</i>
<i>Youth:</i>	<i>Damien Hynes</i>		
<i>Marketing/PR &</i>	<i>Brad Saunders</i>		
<i>Protection Officer:</i>	<i>Brad Saunders</i>		
<i>Sergeant at Arms:</i>	<i>Jack Tahj/ Stan Panten</i>		
<i>International Service:</i>	<i>Hazel Ackland</i>		
<i>Community Service:</i>	<i>John Barry</i>		

*President Rotary International
Mark Daniel Maloney*

*Rotary District 9800 Governor
Grant Hocking*

<http://www.rotarydistrict9800.org.au>

*Assistant Governor Hobsons Bay Cluster
Patrick Docherty-patrick@cfrsolutions.com.au*

*The Rotary Club of Williamstown meets every Monday, 7pm
Pelicans Landing, 1 Syme St, Williamstown*

Contact us: Jo Walker- joannagwalker@gmail.com

Find us on the web at www.rotarywilliamstown.org.au

Rotary District 9800 www.rotarydistrict9800.org.au

Rotary Down Under www.rotarydownunder.com.au

Networker District 9800's weekly newsletter www.rotarydistrict9800.org.au/

*The Rotary Club of Williamstown is on Facebook – any Facebook user can join the group,
and we promote the Club's activities and successes on this page*