



ROTA NEWS



Rotary Club of Barbados, Barbados

Chartered March 07, 1962

District 7030



Be a gift to the world

R.I Theme 2015-2016

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K.R. "Ravi" Ravindran

President Elect

John F. Germ

Rotary Foundation

Assistant Regional Rotary

Foundation Coordinator-

Zone 34

PDG David Edwards

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District Governor Elect

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District Governor Nominee

Waddy Sowma

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Distr. Foundation Annual Giving

PDG David Edwards, Chair

Council of Legislation &

Distr. Programs Committee Chair

PDG Tony Watkins

District Treasurer

PP Lionel Moe

Assist. District Confer. Chair

PP Elvin Sealy



THE FOUR WAY TEST

Of the things we think,
say or 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?

Aug 06, 2015

Club Officers & Directors

President

Jedder Robinson

President Elect

Lisa Cummins

Vice President

Carl "Tony" Williams

Secretary

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Treasurer

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Club Service Director

Paul Ashby

Vocational Service Director

Winston Warren

Community Service Director

Annie Bertrand

International Service Director

Dr. Tracy Archer

Youth Service Director

Neal Griffith

Immediate Past President

William "Alex" Mc Donald

Sergeant-At-Arms

Heather Tull

Weekly meetings on **Thursdays** at

Hilton Barbados

Needham's Point, Aquatic Gap, St. Michael

at 12 p.m.

P.O. Box 148B, Brittons Hill,

St. Michael, Barbados

www.clubrunner.ca/barbados

**THE ROTARY CLUB OF BARBADOS
WELCOMES ALL VISITING ROTARIANS AND GUESTS**

August is Membership & Extension Month

Today is a Fellowship Meeting with Our Greeters, Past Vice President David "Pop" Walker and Past International Service Director, Dr. Carol Belgrave.



Past Vice President **David "Pop" Walker** served as Vice President for the year 1992-93 to John Cabral. He joined the Club on July 01, 1986 and his Classification is General Merchandise - Distribution.

Other offices included Director of Club Service 1990-92 and SAA 1987-1989. He was Chair Club Liaison 1997-98. For the "older" members one would recall Pop supervising the Wine Bar at the annual Bajan Night Event. He spent a number of years employed by Stokes & Bynoe, agents for wine. David's contribution to the Community was recognized with a Paul Harris Fellowship Award in June 2007.

Currently he serves on the Challenged/Senior Citizens Committee and for 2014-15 he served on the Fellowship and Challenged/Senior Citizens Committees.

Past International Service Director, Dr Carol Belgrave

joined the RCoB on December 04, 2008. Her Classification is Dentistry. She was proposed by Dr. Ronald Ramsay.

Dr Carol is part of a small group of members who experienced the International work of Rotary before becoming a member of a Club. She was part of the Outgoing Group Study Exchange for April 2008 which was hosted by D 7530, West Virginia. Dr. Carol has served as the Director of International Service for 2010-13 and was responsible for the introduction of the Sea For all Project which was one of the highlights of our 50th Anniversary Celebrations. She has served on the Interact/Rotraract Committee 2009-2010. For 2014-15 she served on the Bulletin and Guest Speaker Committees. Currently she serves on the Safety & CPR Committee



HIGHLIGHTS FROM THE FELLOWSHIP MEETING OF JULY 30, 2015 WITH GUEST SPEAKER DR. DEXTER JAMES, CEO, QUEEN ELIZABETH HOSPITAL & "SARGE ROYALE!"

NOTICE FROM CLUB SERVICE DIRECTOR - PAUL

"SARGE ROYALE"

The Sarge is also hosting the inaugural "Sarge Royale" where each table will be expected to sing a chorus or two from a vintage Bajan calypso to escape being fined. Best soca table wins a sweet treat for the weekend. You should therefore come prepared.

As we are in the Season of Emancipation, Sergeant-At -Arms, Heather caught the "Spirit of the Festival" —However; some of the offerings, though "Spirited" would have to "Wheel and Come Again!"

Following is the pictorial of the occasion. Alas! I have applied the Four Way Test and destroyed the recordings.

There were offerings which resembled "Middle Class laugh!" "Jack -Dah Beach Is Mine!" "I am not from the Careenage— Fine All Ah We!" "We Ducking" and an ex-tempo from Past SAA & PP Vic to the SAA about "Fine-ing."

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HIGHLIGHTS FROM THE FELLOWSHIP MEETING OF JULY 30, 2015 WITH GUEST SPEAKER DR. DEXTER JAMES, CEO, QUEEN ELIZABETH HOSPITAL & "SARGE ROYALE!" CON'T



Guest Speaker Dr, Dexter James, spoke on "Options of Healthcare Financing: The Role of Healthcare Philanthropy".

Dr. James was introduced by PP Algie.

Following is a summary of the presentation. The Full Text will be available on our website



The Main Themes of the Presentation

- Health system profile today – understanding the problem
- Mechanisms of healthcare financing & general principles
- The financing option of Healthcare Philanthropy
- Closing thoughts around Universal Health Coverage

To justify the need for additional financial support for the QEH; away from Central Government he presented the empirical evidence on how the current budget is allocated and why much more has to be done .

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MEETING DETAILS - Thursday July 30, 2015

SAA - PD Heather M. Tull

- Attendance - 39%
- Raffle - \$105.00
- Winner - Club Service Director Paul Ashby
- Fines - \$125.00

HIGHLIGHTS FROM THE FELLOWSHIP MEETING OF JULY 30, 2015 WITH GUEST SPEAKER DR. DEXTER JAMES, CEO, QUEEN ELIZABETH HOSPITAL & "SARGE ROYALE!" CON'T

THE REGIONAL CHALLENGE

The World Bank, 2011:

"... NCDs are responsible for six of the top ten leading causes of death in the Region representing a growing portion of health spending and impose large economic burden at the societal, community and household level .

The Caribbean faces important challenges related to the future health-care costs based population aging and an increasing prevalence of NCDs that makes these efforts even harder challenging governments' ability to respond.

Leading Causes of Death in CARICOM Countries by Sex, 2011 (CAREC-CARPHA)

MALE	FEMALE
1. Heart Disease	1. Heart Disease
2. Cancers	2. Cancers
3. Injuries and violence	3. Diabetes
4. Stroke	4. Stroke
5. Diabetes	5. Hypertension
6. HIV/AIDS	6. HIV/AIDS
7. Hypertension	7. Influenza/pneumonia
8. Influenza/pneumonia	8. Injuries and violence

Source: CAREC, based on country mortality reports

Here we see the leading causes of death in males and females—the triple health burden with predominance of NCDs but also the burden of HIV-AIDS and injuries-violence . Note that females are as affected by and die from the chronic diseases just as the men do. Note particularly that heart disease is the top cause of death in women, contrary to a common belief that men are much more at risk than women. There are some expected differences based on sex, such as breast, cervical and ovarian cancer affecting women vs prostate, lung and colon cancer affecting men.

Incidence of Cancers in Barbados

Male	Female
1. Prostate	1. Breast
2. Colon	2. Colon
3. Trachea, bronchus and lung	3. Cervix uteri
4. Stomach	4. Corpus uteri
5. Rectum	5. Rectum

Source: Barbados National Registry, Volume 3 June 2014

Barbados Health Status

- ❑ Leading cause of death : heart disease, diabetes, cerebro-vascular disease, hypertension, prostate cancer
- ❑ 8 of 10 leading causes of death were from NCDs
- ❑ 25% of Barbadians adults have at least one chronic disease
- ❑ Projections growth in NCDs: one in three (33%) by 2025
- ❑ Barbados has one of the highest proportions of centenarians in the world and 14% of population are over 65 years with rate expected to rise to 18% by 2025

Source: PAHO Health in Americas, Barbados Country Profile, 2012

44% of population have at least 3 of the risk factors for chronic disease.

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HIGHLIGHTS FROM THE FELLOWSHIP MEETING OF JULY 30, 2015 WITH GUEST SPEAKER DR. DEXTER JAMES, CEO, QUEEN ELIZABETH HOSPITAL & "SARGE ROYALE!" CON'T

Dr. James reiterated the often quoted statistics on NCDs and reminded of the scourge of Diabetes and the impact of Cancer.

Diabetes in Barbados

❑ Prevalence

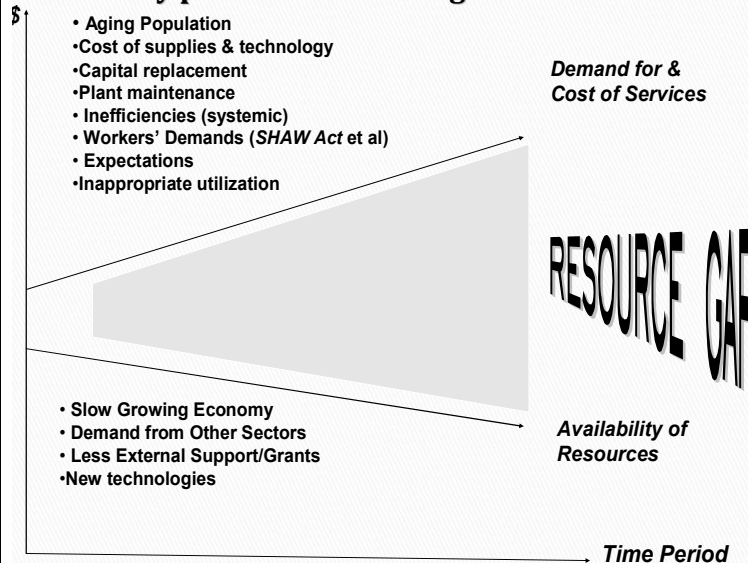
✓ 20% of adults¹

❑ Complications

- Retinopathy: 28.5%²
- Neuropathy: 25.8%³
- Lower limb amputation rate: 936/10,000⁴
- Nephropathy: 90% of 210 haemodialysis places⁵

1. Barbados Health of the Nation Survey 2014; 2. Leske et al 2002; 3. Adams et al 2011; 4. Hennis et al 2009; 5. Adult Kidney Unit

Key problem - Financing Dilemma



1. Given fiscal realities facing the country, there is a financing gap across most SOEs and SBS. Cash-flows are sluggish, inadequate and insufficient to sustain the existing social programmes
2. High debt to GDP and size of public sector expenditures makes it difficult for GoB to meet obligations to statutory bodies and SOEs
3. If in the short-term one cannot expect increase in the available resources, the immediate challenge is to dampen demand and seek to close the financing gap
4. Barbados has been able to stave off an external structural adjustment programme and it is now an imperative that a rationalization of SOEs takes place immediately

Dr. James; in further presenting the case for reform amid the cries for a cut in services to match resources asked - "What services can be curtailed?" Positing that the Health Service, unlike a retail outlet, is unable to pull slow moving items from the shelf.

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Recurring health spending by source of financing

Source	Total Health Expenditure (\$M)	%
Government	405.2	55.3%
Households	285.8	39.0%
Employers (via Insurance Scheme)	36.6	5.0%
Donors	2.9	0.4%
NGO	2.2	0.3%
Total	\$732.7	

Barbados 2012-2013, Health Accounts Report, (December 2014)

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National Health Accounts captures spending from all sources and provides a basis for an understanding of and improvement to the allocation of resources for health– Gov't, NGO's, Employers, Donors, Private Insurance, Households

Key health indicators for Barbados and comparative countries

Indicator	Barbados	St. Vincent	St. Kitts	Dominica	Caribbean Average	Antigua & Barbuda	Bahamas	T&T
THE per capita	1,291	991	856	403	551	681	1,647	972
THE as a %GDP	8.7	5.3	6.0	6.1	6.1	5.2	7.5	5.4
Gov't spending as %THE	55.5	72.0	37.0	62.0	61.0	75.4	46.1	50.4
Gov't health spending as % of Gov't spending	11.1	15.0	8.9	15.5	12.0	17.8	15.7	7.6
OOP as % of THE	37.7	13.5	56.0	34.0	32.0	22.2	29.1	42.0

Source: Barbados 2012-2013 Health Accounts Report (December, 2014)

Barbados, St Vincent, St. Kitts and Dominica have conducted Health Accounts Estimation while others have similar income levels.

Rational for Health Financing Reform

- ❑ To improve the **health status & quality of life** of the population
- ❑ To ensure that everyone has access to **quality health services** that they need without risking **financial hardship** from paying for them (**Universal Health Coverage**)
- ❑ Reduce the dependence on central government funding in addressing the health needs of the country

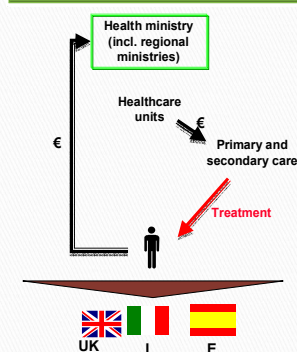
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Mechanisms of Health financing

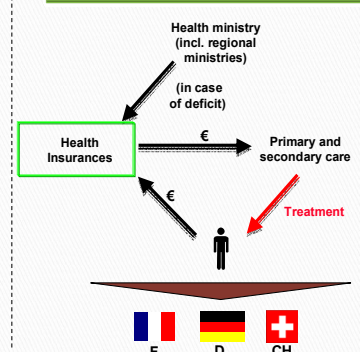
1. General Revenue or Earmarked Taxes
2. Social Insurance Contributions
3. Direct Out of Pocket Payments
4. Other Innovative Mechanisms

Two Predominant Types of Funding Models Differentiated by Mechanism of Funding

Taxation-based HC Systems



Insurance-based HC Systems



Key message: Follow the money.....eg., if it is ministry, they need to be elected,

Taxation based systems: UK, Italy and Spain

Insurance based systems: France Germany and Switzerland

General Revenue or Earmarked Taxes

- ❑ The most traditional way of financing health care
- ❑ Individuals contribute to the provision of health services through taxes (from various sources)
- ❑ Health services purchased and paid for from government revenue
- ❑ Finance a major portion of the health care (especially in low income countries)

Advantage: Payment is mandatory;

Disadvantage: however tax revenues serve many objectives as well as the efficiency of collections mechanisms is poor

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Social Insurance (SI)

- ❑ SI systems pay for services through contributions (employers, employees and gov't) to a Health Fund
- ❑ Health Fund is independent of government
- ❑ Membership is compulsory. Everyone in the eligible group must enroll and pay a specific premium contribution (employer / employee) in exchange for a set of benefits
- ❑ Contributions are based on ability to pay and access to services depend on need
- ❑ Premiums & benefits are described in social compacts established through legislation

Advantages: Provide stable source of revenue; flow of funds visible and predictable; independent of government:

Disadvantages: High administrative costs; challenges with cost containment; and challenges with coverage of the informal sector

Innovative Mechanisms

- ❑ Hypothecated taxes e.g. 'sin taxes' on alcohol and tobacco; CESS on fuel and Sugar Sweet Beverages (SSB)
- ❑ National and state lotteries dedicated to health
- ❑ Public-Private Partnerships (PPP) between the government and private sectors to co-fund healthcare
- ❑ Lease-financing
- ❑ Philanthropy

General characteristics

Each method:

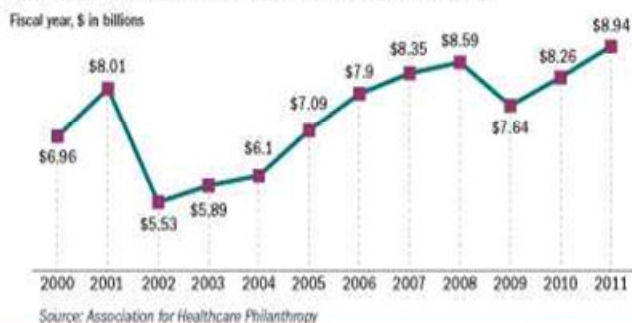
- ❑ Distributes the financial burdens (risk pooling) and benefits differently
- ❑ Affects who will have access to health care
- ❑ Financial risk protection
- ❑ Work towards universal coverage – access to promotive, preventive, curative and rehabilitative care interventions for all at affordable cost (equity in access)

Financial risk protection - What level of financial risk protection is available to households in Barbados when seeking care?

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MAKING A COMEBACK

Estimated fundraising by hospitals and health systems



The imperative of Philanthropy

Across the country, hospitals face the challenge of finding new strategies to address capital needs in an era of shrinking operating margins. Particularly non-profit community hospitals, the solution is being found in philanthropy. Philanthropy was once simply "nice to have" but discussions regarding its role and strategic imperative can now be heard regularly at hospitals. More institutions are incorporating explicit expectations of fundraising into their financial planning and now consider fundraising a "must" for survival.
(Jane Haderlein, 2015)

Forms of Philanthropy – Alternative source of capital

- ❑ Cash donation
- ❑ Donated capital assets
- ❑ Fundraising
- ❑ Charitable bequests – from people of wealth
- ❑ Gifts in kind
- ❑ Life Insurance Policies
- ❑ Memorial gifts to the hospital
- ❑ Other assets: real estate, securities, stock
- ❑ Foundation grants

The QEH is defined as an Exempt Charity within the meaning of the Income Tax Act

The path to Universal Health Coverage

Commitment by Member States of the World Health Organization (WHO) in 2005:

"...to develop health financing systems so that all people have access to services and do not suffer financial hardships paying for them"

- ❑ Access and equity must be preserved
- ❑ Litmus test: Affordability and sustainability

The importance of healthcare philanthropy must be exploited as a viable complimentary strategy for funding capital expenditures.

The Vote of Thanks was delivered by President Elect Lisa.

THE IMPORTANCE OF WEARING THE ROTARY PIN...!!!



by [#SakujiTanaka](#), President, Rotary International 2012-2013.

I am a Japanese businessman, and I wear a suit almost every day. The Rotary pin is always on my lapel. It is there because I am proud to be a Rotarian. Anywhere I go, people will see the pin and know who I am. Other Rotarians will see it and know that I am a friend, and people who are not Rotarians will see it as well. I want to be sure that all of them also understand the meaning of this pin.

This is why I am asking all of you to wear your Rotary pin and to raise awareness of what the pin means. I believe having that pin on your lapel changes you. It makes you think more before you speak and before you act. It makes you remember, all the time, that you are a Rotarian – and that as Rotarians, we are here to help. All of us should be ready to talk about Rotary.

**EACH ONE
BRING ONE**



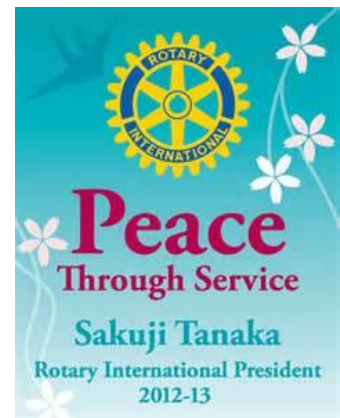
COME, JOIN ROTARY

When someone asks you about that pin, you should be ready to answer them. What is Rotary? What does Rotary do? These are questions that each of us should always be prepared to answer.

We cannot go to prospective members and ask them to join Rotary only because we want more members. We have to show them that Rotary is a wonderful organization, and that they will be happier because they belong to a Rotary club.

When we ask people to join Rotary, we are doing this to help them as well. I think all of us are grateful to the person who asked us to join. I know that my life is much happier, and has been much more productive, because of Rotary. It is clear to me that the day I joined the Rotary Club of Yashio was a day when I took my first step down a different path in life – a path of greater connection, greater satisfaction, and a deeper sense of fulfillment and peace.

This is a feeling that I want to share with others. And I know that one way to do that is through bringing in new members. But we must also do it by raising awareness of Rotary and Rotary's work, by focusing on our public image and wearing our Rotary pins every day.



Rotary and Polio Eradication in Nigeria



Rotarians Auwalu Yakasai and Boniface Igomu with Alhaji Ali Isyaku, Vice Chairman, Kura LGA, Kano - Community Dialogue in Regar-Daka

The Nigeria Polio Eradication Initiative has just wrapped-up a Sub National Immunization Days (SPIDs). The exercise started on the 6th and ended on the 10th of June 2015, covering states in the North-East, North-West and part of North-Central zones of the country. The last day was spent mopping-up areas with missed children in households not reached by vaccinators for logistical reasons or social barriers. Mop-up activities are usually carried out in areas where vaccination coverage falls short of immunization targets. Kano state remains the center of attention for Nigeria's National Primary Health Care Development Agency. Also, there is a consensus among the international partners to maintain momentum by channeling the most resources and deploying the best hands to Kano state in order to succeed in stamping out the virus or at the least contain it in the location last seen. Kano state happens to be the last known sanctuary of the poliovirus in Nigeria. In 2014, 6 Wild Polio Virus (WPV) cases were seen in Nigeria and 5 of these were in Kano state.

As Nigeria draws nearer to ending polio transmission in the country, Rotary's hope for a polio-free World becomes more realistic. Nigeria's providence in 2017 will determine Africa's fate of becoming a polio-free Continent. Nigeria has gone without a single case of Wild Polio Virus since July 24, 2014. Therefore, in a few weeks from today, Nigeria could be confirmed a non-polio-endemic Nation. But this achievement will only mark the first milestone of the 3 years period required by WHO to declare Nigeria a Polio-Free Nation. So, for Africa's largest economy and most populous country, 2017 could be the year!

Rotary's funding and technical assistance in supporting Nigeria reach this important public health goal has been remarkable. The Nigeria National PolioPlus Committee (NNPPC) has upheld Rotary's mandate by directly providing technical assistance on ground to the Polio Eradication Initiative in Nigeria. To this end, the NNPPC has coordinated high-level advocacies to government and traditional institutions mobilizing support for immunization services. NNPPC's Executives and Field Coordinators are constantly deployed to polio core states to provide hands-on support to polio supplemental immunization activities. It was in this vein that I was in Kano state to provide campaign management assistance during the just concluded SPIDs. The immunization campaign in Kano was a successful exercise as various high-impact vaccination strategies were used to reach eligible children in remote and in urban settlements. GIS tracking reported that vaccination teams had visited 96% of households on the micro-plans on day-4 of implementation.

The highlight of Rotary's work in Kano during the June 2015 SPIDs was on facilitating a community dialogue that resolved vaccine refusal in Gidan-Yaro settlement of Rigar-Duka Ward in Kura Local Government Area (LGA) of Kano state.



Rotn Boniface Igomu decorating Prof. Hafizu Abubakar, the Deputy Governor of Kano State with Rotary's End Polio Now Pin

At the community dialogue, the Vice Chairman of Kura LGA, the Honorable Councilor for Health of Kura LGA, the Director - State Primary Health Care Agency of Kano state were in attendance. Discussions at the session were mainly in Hausa language and Rotn Auwalu Yakasai, the NNPPC Field Coordinator in Kano facilitated the question-and-answer session. His submissions on safety of polio vaccines and other social concerns on immunization were well received, as he was able to link his responses to relevant provisions of the Quran and other teachings on health care needs and services. This interaction led to the success of the mission. At the end, heads of households accepted the polio vaccine and opened their doors to let vaccinators go in and immunize their children.

UP-COMING EVENTS

Mar 07 - Club Charter Date - 1962

August - Membership & Extension Month

Aug 13 - Business - Officer & Director Reports

Aug 16 - SUNDAY - Annual Boat Cruise

Aug 20 - Classification Talk & "What Rotary Means To Me"

Aug 27 - Guest Speaker

Club Forum- September 05

RYLA - November 5-7 - GRENADA

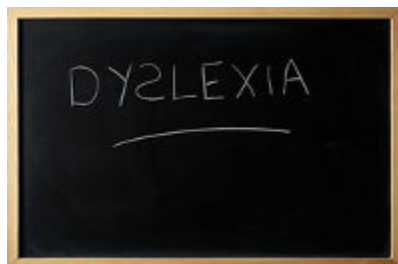
GREETERS

Aug 13 - Director Community Service Annie Bertrand & Director Vocational Service Winston Warren

Aug 20 - Rotarians Nicholas Waithe & Dr. Albert Best

Aug 27 - Past Director Vocational Service Kim Tudor & Rotarian Sanjay Amin

District Project - a general term for disorders that involve difficulty in learning to read or interpret words, letters, and other symbols, but that do not affect general intelligence.



© Can Stock Photo

OUR GUESTS

VISITORS

Dr. Dexter James - Guest Speaker

Alexandra Leacock (PP Rtn. Algie Leacock)

Jonathan Leacock (PP Rtn. Algie Leacock)

Joseph King (PP Rtn. Algie Leacock)

Tony Meyers (Past Director Peter Williams)

Mr. Adrian & Mrs. Harriet Skeete (Director Neal Griffith)

ROTARIAN

Past President Karolyn P. Lundkvist - Rotary Club of Hilo Bay, Hawaii (Barbadian Parents)

ROTARY GRACE

O Lord and giver of all things good
We thank Thee for our daily food
May Rotary friends and Rotary ways
Help us to serve Thee all our days.

Announcements

Wedding Anniversary

Past President Roger &

Deborah Smith

28 yrs Aug 09, 1987

Birthday - Rotarians

Past Director Trevor Gordon Fields

Aug 13

Birthday - Partners in Service

Jenifer Johnson - Past Secretary Joe

Aug 09

Harriet MacDonald - Past Pres Stanley

Aug 09

Katie Hermant—Past Chair Peter

Aug 13

Join Date Anniversary

Past President John MacKenzie 22 yrs Aug 12, 1993

INTERNATIONAL SERVICE



Welcome to ROTARY AROUND THE WORLD Corner. The aim is to keep you abreast of our upcoming District Conference and Rotary International Convention.

District Conference: **20th-23rd April 2016**, Bridgetown, Barbados. Rotary

International Convention: **28th May -1st June 2016**, Seoul Korea. Look out for additional information monthly!!!!



Connect with Korea –
Touch the World

OBJECT OF ROTARY

The Object of Rotary is to encourage and foster the ideal of service as a basis of worthy enterprise and in particular to encourage and foster:

- | | |
|----------------|--|
| FIRST: | The development of acquaintance as an opportunity of service; |
| SECOND: | High ethical standards in business and professions, the recognition and the worthiness of all useful occupations, and the dignifying of each Rotarian's occupation as an opportunity to serve society; |
| THIRD: | The application of the ideal of service in each Rotarian's personal, business and community life; and |
| FOURTH: | The advancement of the international understanding, goodwill and peace through a world of fellowship of business and professional persons united in the ideal of service. |

Bulletin Editor: *Michael Wilson Browne*