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Reflecting

We believe no Australian should die of a preventable disease. Pitting our will against scabies and its devastating consequences will not only eliminate the disease, but create a stronger partnership with Indigenous Australians and begin to heal a much older wound.

In June 2011, we started with a mission to eliminate scabies as a public health issue. Following research into global benchmarks in scabies treatment and consultation with community, we garnered a greater understanding of the disease. With this insight our objective was extended to eliminate crusted scabies (CS), the most severe form of the disease.

In three years we have developed a world-first approach to scabies management that has already proven successful in the pilot communities in East Arnhem. Core to our progress, has been our dynamic approach, in which we continue to learn and evolve our program based on community needs and engagement - **Dr Sam Prince**

Our mission is clear and simple. To find out more click the video below.



Key milestones

9 COMMUNITIES

in East Arnhem invited us to work with them and are participating in the Healthy Skin Program. Yirrkala, gave us the great honor of a message stick as a symbol of their endorsement of our approach.

21 CASES

A total of 21 CS cases have been confirmed across 12 communities. 80% of which are now following preventative care plans.

75% reduction in crusted scabies patients reporting feelings of shame and embarrassment.

100%

reduction in patients reporting skin condition impacting their ability to work.

88% REDUCTION

in number of days kids in CS households spent in hospital. (Gove Hospital admissions 2013).

277 X



REPAIRS

The Spin project (also known as washing machine djama) was developed to improve hygiene and disease control with working health hardware. It also acts as a means to introduce our teams to communities in a relevant and non threatening way.

Three rounds of maintenance have been carried out across 6 communities, resulting in the repair of 277 washing machines

APPROVED!

Updating of clinical protocols and national regulations to reflect our advancements in disease management. Our chronic care approach to management of crusted scabies has become part of national treatment guidelines (CARPA) and ivermectin (oral treatment for scabies) has been approved by the Theraputic Goods Administration for treatment of both crusted and simple scabies.

76%

reduction in number of days spent in hospital by crusted scabies patients (Gove Hospital admissions 2013). Which resulted in significant improvements in their quality of life In Yirrkala one of the main pilot communities, we have initiated a number of simple scabies initiatives (school screening, healthy skin events etc). As a result of these events and the management of CS patients, we have seen a

71% REDUCTION
IN CLINIC PRESENTATIONS FOR
SIMPLE SCABIES

Looking forward

Our vision remains the same, but now, with a greater understanding of the disease and communities, we have made our goals more specific;

SIGNIFICANTLY REDUCE THE NUMBER OF CHILDREN WHO PRESENT WITH SCABIES IN THEIR FIRST YEAR OF LIFE.

SIGNIFICANT REDUCTION IN THE NUMBER OF HOSPITAL DAYS WHERE CRUSTED SCABIES AND SIMPLE SCABIES IS A PRIMARY DIAGNOSIS.

Eg. In East Arnhem reduce from 7/10 to 1/10 children.

Eg. 50% reduction in the NT.

Aiming longer term to reduce scabies prevalence in remote communities to below 5% amongst children under the age of 5.

We aim to reach these goals in communities approximately 7 years after the Healthy Skin Program is introduced. At the same time we fundamentally believe in community empowerment and it is not our duty to impose program uptake or time frames. Each community and region will be different in terms of their starting point and journey to elimination of this disease. Our goal is to make ourselves redundant, create an upskilled community workforce and a legacy of self managing community members.

At bi-annual intervals we will report on the progress against our goals in all participating communities and adjust forecasts as necessary.

Looking forward continued

Our two priorities in the coming 1-3 years are:

- 1. Expansion of crusted scabies disease control program to the rest of the NT (beyond EA).
- 2. Launch program across Australia;
 - Nationwide screening and treatment to establish baseline scabies rates across Australia and identify "high priority" communities.
 - Introduction of program through both a One Disease run and franchise model depending on existing resources.

Principles that continue to guide our work:







We believe empowerment of people is fundamental to sustainable change. Every community work with us to set priorities and timings for program roll out, ensuring engagement and ownership.

Work with existing health organisations to minimise overlap and leverage resources.

We are not about bandaid solutions, our strategy is to invest in preventative measures and maintain a long term view of handing over to the community and existing government organisations where appropriate.



Stories from Arnhem Land

Our program being led by strong women: Introducing Ritjilili Ganambarr a One Disease Community Worker.

Ritjilili is one of Yirrkala's most respected women. She has a presence about her that is unlike any other- her eyes speak courage and strength but most of all, love for her community.

Ritjilili grew up in a family of four girls and one boy. When she was six years old, her mother decided to take Ritjilili and her sisters Laklak, Merrki and brother Djali from Matamata outstation to Yirrkala. They made the fifteen hour trip on foot and she describes the trip as quite a long but adventurous one, highlighting the resilience she had even as a little girl. She remembers how they had to cross a river where a shark was known to have lived. Her mother, pregnant at the time with her younger sister Banba, built a raft with her bare hands and took the children to the other side. Once there, she built a fire so that Ritjili's grandfather could see that they had arrived. When he found them, he canoed them to their new home in Yirrkala.

In Yirrkala, Ritjilili's mother enrolled her in school and put them under the care of her brother-in-law, Roy Marika, before returning to Matamata to be with her husband. Her mother knew that under Roy's care, the children will be able to attend school and have a great start to their lives. In Indigenous communities immediate and extended family are one in the same with broader clan groups being particularly close.

After finishing school, Ritjilili worked for ten years at the Yirrkala ALPA (Arnhem Land Progress Aboriginal Corporation) where she was trained to be a store manager and for nine years at the Yirrkala Danbul office as a credit clerk. When the local Yirrkala store was beginning to be changed to an IGA, Ritjilili, now armed with years of work experience, stepped up to help design the store. Ritjilili produly describes this store as "my design and my layout, I helped build it."

She has a presence about her that is unlike any other - her eyes speak courage and strength but most of all, love for her community.



As a mother and grandmother herself, she began as a volunteer for Strong Women, Strong Babies, Strong Culture, a group set up to help young mothers. "I taught young mothers how to look after their babies and keep them safe and strong" says Ritjilili. She really loves kids, her three grandchildren "..come to see me all the time and sometimes we go down to Shady Beach and play. I teach them how to fish and catch oysters. If we are at home, they pretend like they are fishing for oysters" laughs Ritjilili.

Ritjilili is well respected for her knowledge, charisma and her work in the community and One Disease was keen to recruit her into the team. Ritjilili was thrilled, "there were a lot of kids with scabies, it's very sad. I wanted to get involved with One Disease". Day to day she's out running scabies education sessions, community engagement and acts as cultural advisor along with her two sisters to co-create new initiatives and materials. "This makes me happy... I don't want kids to get scabies" said Ritjilili.

As the One Disease program expands, Ritjilili will be a great leader to get momentum behind the expanding Indigenous workforce and empower them to continue to maintain shiny, healthy skin.













Highlights

These are the latest updates on our progress over the past 6 months.

CS PATIENTS

THERE ARE 21 CONFIRMED CASES, ACROSS 12 COMMUNITIES IN THE NT.

(55% increase since November 2013)

A NEW COMMUNITY

Maningrida is a coastal town, approximately 400km east of Darwin, where the Kunibidji people are the traditional landowners.

With a population of over 2000, it is one of the largest Aboriginal communities in the NT. Ten percent of the population are children under 5 years of age.

According to the Centre for Disease Control, around one in five children under 17 years of age have scabies and one in three have skin infections.

At the invitation of the Maningrida Health Centre and in partnership with the NT Department of Health, Malabam Health Board and senior aboriginal health practitioners, One Disease will initiate the roll out of the Healthy Skin Program in Maningrida.



Highlights continued

OUR TEAM

As the program grows so does the team to make it happen. Joining our incredibly talented and passionate team are six key hires which share our positive attitude towards Indigenous health:

Opening the Darwin office are Rohan Langtaff (Program Manager), Jules Galliers, Jenny Jenkins and Leonie Wald (Healthy Skin Nurses). Combined, they come to us with a wealth of experience in Indigenous health. Rohan and Jules will focus on extending reach of the program to Darwin and Maningrida as well as support work in Minlingimbi and Ramingining. Leonie and Jenny will expand crusted scabies program to the rest of the top end of the NT.

In our Sydney office, Sarah Vick started with us as Development Manager, a dedicated resource to secure funding support for the Healthy Skin Program. Duneeshya Gunasekara has been appointed as Communications Coordinator as our need for scabies education materials and programs are growing.

It is with a heavy heart we say goodbye to our CEO Samantha Cran who has left us to move overseas. As one of the first employees, she played a critical role in making the organisation what it is today and will be sorely missed.

Moving forward, the next generation of leaders are existing team members who will step up under the guidance of Dr Sam Prince; Tim Foster, Head of Programs and Michele Bray, Director Communications and Development.



Duneeshya Gunasekara



Jenny Jenkins



Jules Galliers,



Leonie Wald



Rohan Langstaff



Sarah Vick

Thank you

We would like to acknowledge and thank our generous supporters. We are very grateful for their investment in a healthier and happier future for all Australians.

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